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TRANSACTIONS

OF THE

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TWENTY-SECOND ANNUAL MEETING

OF THE

Medical Society

OF THE

STATE OF NORTH CAROLINA,

HELD AT

WILSON, N. C., MAY, 1875.

RALEIGH:
EDWARDS, BROUGHTON & CO., PRINTERS AND BINDERS.
1875.

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OFFICERS

OF THE

Medical Society of the State of North Carolina,

FOR 1875-'76.

PRESIDENT:
DR. PETER E. HINES,
RALEIGH.

FIRST VICE-PRESIDENT:
DR. J. H. BAKER,
TARBORO'.

SECOND VICE-PRESIDENT:
DR. G. G. SMITH,
CONCORD.

THIRD VICE-PRESIDENT:
DR. T. D. HAIGH,
FAYETTEVILLE.

FOURTH VICE-PRESIDENT:
DR. J. K. HALL,
GREENSBORO'.

SECRETARY:
DR. JAMES McKEE,
RALEIGH.

TREASURER:
DR. HENRY T. BAHNSEN,
SALEM.

ORATOR:
DR. WILLIS ALSTON,
LITTLETON.

MINUTES

OF THE

Medical Society of the State of North Carolina.

Twenty-Second Annual Meeting.

FIRST DAY—EVENING SESSION.

WILSON, N. C., May 18th, 1875.

The Twenty-Second Annual Session of the Medical Society of the State of North Carolina, convened in the Court House in the town of Wilson, May 18th, 1875, at 4 P. M.

The President, Dr. J. W. JONES, of Tarboro', in the Chair, who called the Society to order.

Prayer was offered by the Rev. F. H. WOOD, of the M. E. Church, South.

An address of welcome, on the part of the town authorities, replete with good sense, fine wit and much pleasantry, was then delivered by the Rev. WM. HOOPER, D.D.

Dr. JONES, the President, returned thanks in a very appropriate manner for the address of welcome.

The President appointed the following gentlemen a Committee on Credentials: Drs. GEO. A. FOOTE, of Warrenton, WILLIAM LITTLE, of Raleigh, and M. WHITEHEAD, of Salisbury.

After a short absence the following partial report was submitted and received:

WILSON, N. C., May 18th, 1875.

The Committee on Credentials respectfully recommend that Dr. THOMAS D. HAIGH, of Fayetteville, N. C., be admitted to membership.

We find Dr. T. F. WOOD, of Wilmington, a duly accredited delegate from the New Hanover County Medical Society.

G. A. FOOTE,
WM. LITTLE,
M. WHITEHEAD,
Committee.

The Secretary then proceeded to call the roll, when the following members were ascertained to be present:

Dr. J. W. JONES, President	Tarboro',	N. C
" W. DEBNAM, 1st Vice-President	Earpsboro',	"
" J. A. GIBSON, 2d " "	Concord,	"
" WILLIAM LITTLE, 3d Vice-President	Raleigh,	"
" D. N. PATTERSON, 4th " "	Mangum,	"
" ROBT. J. HICKS, Orator	Williamsboro',	"
" H. T. BAHNSEN, Treasurer	Salem,	"
" JAMES MCKEE, Secretary	Raleigh,	"
" N. J. PITTMAN	Tarboro,	"
" S. S. SATCHWELL	Rocky Point,	"
" H. W. FAISON	Faison's Depot,	"
" C. T. MURPHY	Clinton,	"
" P. E. HINES	Raleigh,	"
" M. WHITEHEAD	Salisbury,	"
" R H. WINBORNE	Edenton,	"
" A. B. PIERCE	Halifax,	"
" J. K. HALL	Greensboro',	"
" GEO. A. FOOTE	Warrenton,	"
" R. L. PAYNE	Lexington,	"
" F. M. ROUNTREE	Snow Hill,	"
" W. A. B. NORCOM	Edenton,	"
" L. A. STITH	Wilson,	"
" W. T. CHEATHAM	Henderson,	"
" G. G. SMITH	Concord,	"
" C. H. BARRON	Toisnot,	"
" D. N. PATTERSON	Mangum,	"
" WILLIS ALSTON	Littleton,	"
" WALTER BRODIE	Whitaker's,	"
" J. L. KNIGHT	Tarboro',	"
" W. T. ENNETT	Rocky Point,	"
" S. B. FLOWERS	Mt. Olive,	"
" L. L. STATON	Tarboro',	"

Dr. A. G. Carr,	Durham,	N. C.
" Josh W. Vick,	Selma,	"
" Thomas S. Duffey,	Rutherfordton,	"
" J. B. Hall,	Scotland Neck,	"
" J. H. Baker,	Tarboro',	"
" E. Porter,	Rocky Point,	"
" T. F. Wood,	Wilmington,	"
" T. C. Powell,	Rocky Mount,	"
" T. D. Haigh,	Fayetteville,	"

The President appointed Drs. M. Whitehead, R. L. Payne and C. T. Murphy, a Committee to receive the delegates from the Virginia Medical Society.

Dr. Whitehead introduced Dr. Landon B. Edwards, of Richmond, welcoming him to a seat and inviting him to participate in the deliberations of our Society, and expressed regret that the balance of the delegation were not present.

Dr. Edwards replied in a happy and easy manner, closing with an earnest invitation to the Society to send delegates, who would attend, to meet the Virginia Medical Society at its next annual meeting to be held in Richmond, Virginia.

The following gentlemen were appointed a Committee on Finance: Dr. H. T. Bahnsen, of Salem, Dr. P. E. Hines, of Raleigh, and Dr. J. L. Knight, of Tarboro'.

The Committee on Nominations were appointed and composed of the following gentlemen: Dr. N. J. Pittman, Dr. Wm. Little, Dr. M. Whitehead, Dr. D. N. Patterson and Dr. W. A. B. Norcom.

Dr. Satchwell moved that a Committee on Business be appointed. Carried.

The Committee consists of Dr. Satchwell, Dr. Foote and Dr. Winborne.

On motion of Dr. Debnam, the Society adjourned to meet to-morrow at 9 o'clock.

SECOND DAY—MORNING SESSION.

WILSON, May 19th, 1875.

The Society was called to order at 9 o'clock by the President.

On motion of Dr. SATCHWELL, the reading of the minutes were dispensed with.

Dr. WHITEHEAD, from Committee on Credentials, asked that the Committee be increased to six. The President appointed Drs. FRANK DUFFEY, C. T. MURPHY and R. J. HICKS.

Dr. P. E. HINES, of Raleigh, in announcing the death of Dr. W. H. McKEE, of Raleigh, said:

MR. PRESIDENT:—I arise to announce to this Society the loss of one of its oldest and most devoted members. Dr. WM. H McKEE died at his home, in Raleigh, on the 24th of April, 1875, after a painful illness, which he bore with Christian fortitude and humble submission to the will of Almighty God.

Dr. McKEE did not have the advantage of a collegiate education. He commenced the duties of life at an early age as a Druggist. While a Druggist he studied medicine, and afterwards attended lectures at the University of Pennsylvania, where he graduated in medicine in the spring of 1839. He served one year as Resident Physician in Blockly Hospital, Philadelphia. In 1840 he returned home and located in Raleigh, to practice his profession, which he continued to do to his last illness. He attained a reputation in the profession which any man might be proud of. He illustrated in his daily life by his acts the divine virtue of charity to all men. In his professional relations he was always kind and considerate in his treatment of the younger members, polite and respectful to all. Dr. McKEE was one of the signers of the first call for a Convention of the profession in this State, for the purpose of forming this Society. He was elected Secretary of the Convention, and afterwards

elected the first Secretary of this Society, an office which he held for some years, discharging its duties to the entire satisfaction of the Society. He was afterwards twice elected President of this Society, and continued a devoted member of it to his death. He has often represented this Society in the meetings of the American Medical Association.

Dr. McKee was one of the founders of the Raleigh Academy of Medicine, of which he was a Fellow. He had been President of the Academy. He discharged the duties of these positions with great credit to himself and to the satisfaction of the members. The Doctor was elected a member of the Board of City Commissioners for several terms. He was for years one of the Board of Directors of the Institution for the Deaf, Dumb and Blind, and for several years President of the Board and Physician to the Institution. He had also been the Grand Master of the Grand Lodge of Independent Order of Odd Fellows of North Carolina. In all these positions he discharged his duties faithfully and acceptably to all who were interested. He was a physician of high reputation, an excellent citizen, a devoted father and friend, an humble, devout Christian, as testified by his calm, humble, confiding faith in, and submission to, the will of his Heavenly Father, during his last illness and in the hour of death. In his death, as in his life, he was an example worthy of imitation. He was devoted to his profession, and was borne to the grave by the Fellows of the Raleigh Academy of Medicine, attended by the Odd Fellows, and almost the whole population of the city of every faith, position and color. The memory of such a man deserves more than an ordinary tribute of respect from this Society.

Dr. Satchwell moved that a committee be appointed to draft resolutions appropriate to the occasion and expressive of the sense of this Society. Carried.

The President appointed the following gentlemen on that Committee: Dr. Satchwell, Dr. Hines and Dr. Payne.

Committee retired to report in half hour.

Dr. Jas. McKee moved that the President appoint delegates to the Association of Medical Officers of the Army and Navy of the late Confederate States, and to the Virginia Medical Society. Motion was seconded and prevailed.

The Secretary stated that letters of invitation had been received from the Medical Societies of Alabama and South Carolina to send delegates to their annual session. On motion, three delegates were appointed to each Society.

Under a call for Correspondence, the Secretary read letters of regret at inability to attend the present meeting, from Dr. A. G. Tebault, a delegate from the Virginia Medical Society, and W. R. Sharpe, of Fulton, Davie County.

The Committee on Nominations appeared and made the following report, which was adopted:

Wilson, N. C., May 19th, 1875.

To the Medical Society of the State of North Carolina:

We beg leave to submit the following named members to fill the various offices in the Society for the years 1875–'76:

For President:

Dr. Peter E. Hines, Raleigh, N. C.

For Vice-Presidents:

1st. Dr. Jos. H. Baker, Tarboro, N. C.
2d. " G. G. Smith, Concord, N. C.
3d. " T. D. Haigh, Fayetteville, N. C.
4th. " J. K. Hall, Greensboro', N. C.

For Treasurer:

Dr. H. T. Bahnsen, Salem, N. C.

For Secretary:

Dr. James McKee, Raleigh, N. C.

For Orator:

Dr. Willis Alston, Littleton, N. C.

For Delegates to attend the next Annual Session of the American Medical Association to be held in the City of Philadelphia the first Tuesday in June, 1876.

Dr. Henry T. Bahnsen, Salem, N. C.
" Thomas S. Duffey, Rutherfordton, N. C.
" Thomas J. Moore, Charlotte, N. C.
" Thomas F. Wood, Wilmington, N. C.
" S. S. Satchwell, Rocky Point, N. C.
" Chas. J. O'Hagan, Greenville, N. C.
" Alexander Montague, Rolesville, N. C.
" N. J. Pittman, Tarboro', N. C.
" W. A. B. Norcom, Edenton, N. C.
" E. Burke Haywood, Raleigh, N. C.
" J. J. Summerell, Salisbury, N. C.
" R. H. Winborne, Edenton, N. C.
" H. W. Faison, Faison's Depot, N. C.
" F. J. Haywood, Jr., Raleigh, N. C.

For Committee on Publication:

Dr. Peter E. Hines, Raleigh, N. C.
" William Little, Raleigh, N. C.
" James McKee, Raleigh, N. C.

Respectfully submitted,

N. J. PITTMAN,
WILLIAM LITTLE,
M. WHITEHEAD,
W. A. B. NORCOM,
D. N. PATTERSON,
Committee.

The Committee to draft resolutions of respect to the memory of the late Dr. W. H. McKee, returned and reported through Dr. Satchwell, the following preamble and series of resolutions:

Whereas, In the mysterious dispensations of Divine Providence, death has removed our warmly esteemed and highly useful brother and member of this Society, Dr. William H. McKee, who died at his home, in Raleigh, on the 24th of April, 1875, after a painful illness. He died in the midst of his loving family, surrounded by true and faithful friends who were unremitting in their attentions, and under

the constant and kindest medical care and skill of the Medical Faculty of the capitol of the State; therefore,

Resolved, That in the death of this benevolent and able physician, our Society has lost one of its earliest, as he was always one of its best and most active members, the profession of the State one of its most distinguished practitioners and one of its brightest ornaments; the afflicted poor and suffering, a never failing and devoted friend; and the community at large, an open-hearted, enterprising, public-spirited citizen and benefactor.

Resolved, That our warmest sympathies are with his afflicted family in this sad bereavement to them, and this sore loss to his friends, to this Society, the profession at large and the community he loved so well and served so faithfully.

Resolved, That a copy of this preamble and resolutions be spread upon our minutes, and a copy be sent, by the President, to the bereaved family of our lamented and noble hearted brother in the profession, and furnished also for publication to the newspapers of the City of Raleigh.

S. S. SATCHWELL,
P. E. HINES.
R. L. PAYNE.

WILSON, N. C., May 19th, 1875. *Committee.*

The following Memoir was prepared and read by Dr. SATCHWELL:

MR. PRESIDENT:—It is a melancholy thought that our members, especially the older ones, are one by one passing away. Of the founders and earliest and persistent friends of this Association, how few there are who remain to tell of the sacrifices, patience, perseverance, and medical heroism of those deceased old Romans of our Society who, over twenty years ago, first unfurled the banner of Medical improvement and reform in North Carolina. Memory, fond but sad, singles out and groups together in clustering honor

these devoted and laborious but departed worthies of the profession, who, amid numberless discouragements and unrighteous opposition, laid the corner stone of the State Medical Society, and by their own heroic examples and appeals for years to their medical brethren to come to the rescue, not only made themselves illustrious, but with others still living, established the well contrived foundations of and upon the same built up, this Association, which, standing as a monument of their wisdom and fidelity, has now become one of the most useful, as it is one of the permanent institutions of the State. One of the most noted of these founders and builders of this gradually enlarging and steadily rising North Carolina Temple of Medicine, has recently gone to reap the joys and honors which awaited him in a brighter and purer world as the glorious rewards of a well-spent life on earth.

Since our last meeting, death, which seems by preference to linger for victims in the pathway of the noblest and best, has saddened our hearts and clothed this Society in mourning, by removing from the scenes and honors of this lower existence, our friend and brother, Dr. WILLIAM H. MCKEE. He died at his home in Raleigh, on the 24th of April, 1875, in age over three score years, in the height of his usefulness and success in practice, enjoying the fondest love and affection of an interesting family, the unlimited confidence and high esteem of the profession of Raleigh and the whole State, and the well-earned popularity of an admiring public. Loving this Society almost as the tender and devoted father loves his offspring, he was always jealous of its reputation; proud of its progress and success, and never absent from any of its meetings when it was possible for him to attend. The records of this body and of Medical Journals for the last twenty years and longer, show that he has been no idler in contributions to the Medical literature of the State. Still, his friends have cause to regret that he has not given us more of the rich fruits of his valuable medical experience.

He was a close observer, a hard worker, and a successful practitioner. For many years the faithful and laborious Secretary of this Society, and afterwards its devoted President, at his death a member of our Board of Censors, and often before a member of our Executive Committee, he had filled with great acceptability and marked usefulness the highest offices in the gift of his professional brethren of the State he loved so well. Intimately associated with him, socially and professionally, as I had been during nearly the whole existence of this Association, with that knowledge of his motives and of his actions alone to be derived from such protracted intimacy and close relationship, I can derive a melancholy satisfaction in the assertion, that in his bosom glowed the fires of a warm, true, and unfaltering friendship, and that his large and generous heart was the home of professional honor, of love for science, for his profession, for humanity and his native State and country. His virtues were those which most adorn human nature and mostly ennoble our always noble profession. True to friendship, to the demands and wants of his profession, to the instincts and needs of patriotism, and to the calls of poverty and the cries of suffering humanity, his services and sacrifices in these important relations, have embalmed him in the lasting admiration, love, and esteem of his professional brethren and in the enduring plaudits, gratitude and affection of the public, not alone of his native city and county, but of the entire State. The instincts of his benevolent nature to relieve pain and distress, his proverbial readiness at all times to go, as he ever went, to the calls of the poor and downtrodden, as well as to the calls of the affluent and prosperous, placed the laurel wreaths of honor and victory upon his brow, and will forever keep his grave fresh and covered with the fit emblems of the mournful cypress. Thus it is that this distinguished member of the profession and prominent citizen of the State stands enshrined in the gratitude and affections of our people, and that his name and fame will be

a hallowed household word around the altars and firesides of tens of thousands of the poor and distressed, as well as wealthy families, in North Carolina. So arduous and ready and protracted have been his labors, by night and by day, in sunshine and storm, in winter and summer, far and near, in behalf of the poor afflicted, that no doubt his years upon earth have been less because of these consuming cares and exhausting labors for suffering humanity. This heavy and continuous draught upon medical life, so unwillingly acknowledged by a non-appreciative public, can only be properly valued by the profession.

Take our State as it stands since the war, and take, perhaps, the whole desolated and impoverished South, and there is no calling or profession, not even excepting the self-denying, useful, laborious ministers of any church of our holy religion, so poorly paid as ours, nor any whose families are more and oftener in want of education and of the ordinary comforts and necessities of life. And yet, no calling or profession so much abounds in charity of thought and word, and in acts of daily benevolence as the medical profession, and this is borne out by its history in all ages and countries. If our lamented brother brought on a fatal disease of the heart, shortened his days, and literally wore himself out in the medical harness by his ministrations at the sick beds of those who did not pay him, his case is another of tens of thousands of our best physicians who, unpaid and in a spirit of unselfishness, sacrifice, and humanity, are victims and martyrs of professional devotion.

As before intimated I knew him well and knew him long. My first acquaintance with Dr. McKee was in Raleigh at the very first meeting, after its formation, of the State Medical Society, which he, with a few other Spartan co-laborers and pioneers, had labored nobly in establishing. It was then that his genial presence, his warm heart, his cordial shake of the hand, his abiding love for truth and science, his disposition to encourage obscure and younger members

of the profession, was first manifested to me. Such attributes could but be mesmeric in their attraction and sympathies and, like others who with me were many years his juniors in practice, I was drawn towards him in those channels of admiration and esteem which, widening and deepening with time, became moulded ere many years into those strong, unbroken and enduring links of mutual regard and friendship which were the more precious and sacred with the fleeting years. It was always a luxury to me to meet him, not alone because of the gushing enjoyments, social, intellectual, and professional, which from the attachment between us, I reaped from his generous nature and enlarged sympathies, and well stored mind, but because it was also an occasion always of mutual rejoicing at the triumph of this Society over earlier difficulties and weighty obstacles for the removal of which we had worked together so many eventful years shoulder to shoulder and sometimes amid doubts and fears of that final success which is now established, for this cherished object of his pride and devotion. The ways and means best to promote its welfare and the elevation of his profession, particularly in North Carolina, occupied many of his best thoughts and no little of his valuable time up to the last days of his useful life. Little did I think when, but a few weeks prior to his death, I was the recipient under his own hospitable roof of those warm hearted hospitalities which distinguished him, he was giving expression to his undiminished love for the Society and the profession, and was mapping out that course of relaxation from professional labor and of other treatment for that severe form of chronic disease which I was pained to see had made fearful invasion upon his constitution, that I should now have devolving upon me the melancholy duty of offering this just but feeble tribute to his memory. But our friend is gone. His vacant seat in our annual deliberations and social reunions will be seriously felt, as it will continue to be the source of deep regret and profound sor-

row. The friend and companion of so many of us in this Society and in practice, the ready co-laborer of those who are the warmest for progress, and the readiest for steps to improve medical science and elevate the profession, he has left these labors of love, and the common trials and troubles of this life to enter. as we believe, upon the holy rest and unending joys of a happier and better world beyond the grave.

> "Him we all mourn, his friends still heave the sigh,
> And still the tear stands trembling in the eye.
> His was each mild, each amiable art,
> The gentlest manners and the feeling heart,
> Fair simple truth, benevolence to all,
> A generous warmth that glowed at friendship's call."

It is hard for mourning friends to realize that we shall no more look upon his familiar face in Raleigh, nor again enjoy the pleasure of welcoming his genial and inspiring presence at our meetings to which he added so much of interest and profit by his wisdom, experience and devotion. Still harder and more trying is it for his heart-stricken family to know that, however deeply his loss will be felt in the profession and in the community of which he was always an active and useful member, no more on earth will they receive that constant care, that tender affection, that loving kindness, which this affectionate brother and noble father, always the light, life, hope, and stay of the household, bestowed in unmeasured attachment upon its inmates. To say that they have the deep sympathy of this Society is but to express the strong attachment of its members for our lamented brother.

> "The gentlest flower be drenched with rain,
> Still lifts its head and smiles again,
> When morning light dispels the cloud,
> Which lately thundered fast and loud,
> And may their hearts be as the flower."

The loss was inevitable. No human skill, nor hosts of

anxious friends, nor loving hearts, could avert the lurking footsteps of the fell destroyer, or stay the fatal shaft of the King of Terrors. "The silver cord has been loosed, the golden bowl been broken, the pitcher been broken at the fountain, the wheel been broken at the cistern. The dust has returned to the earth as it was and the spirit unto God who gave it."

Dr. McKee was self-educated and self-made. His early life was beset with those trials of poverty and obscurity which. to an ambitious youth and to struggling talent, often afford more discipline and better development than a collegiate course or a protracted residence in the cloisters of a University. To tell of his early difficulties in preparing himself for the conflicts of life and for the profession of his choice, would be a rehearsal of the old tale of an education obtained by self-reliance, unaided by the smiles of wealthy friends or influential relatives. As he triumphed in this way over difficulties, as they always arise to those who, depending alone upon themselves, yearn, as he did for success and usefulness, he not only gained strength, and hope, and influence with each advance over life's rugged ways, but acquired at the same time by such collision more of that melting love for the people, and those tender and abounding sympathies for the pains, sufferings, and wants of the great struggling masses of society which constitute a rich inheritance to his family and to this Society and which are so characteristic of, and ennobling to, our profession.

He was born in Raleigh, September 7th, 1814. Commencing his medical education in a drug store of that city, his next step was to enter the medical department of the University of Pennsylvania, as a matriculate in the fall of 1837. He remained in Philadelphia during the summer of 1838, and became an Interne in Blockley Hospital. During the session of 1838–'9, while he was a second course student, he was, after an examination, promoted to the place of Resident Physician of that institution. He was afterwards

honored with a diploma from said University, having passed his examination with marked success. He remained in the Hospital until the fall of 1839, when he opened an office in Raleigh and commenced practice. Here he remained in arduous and uninterrupted practice till a few weeks prior to his death. Full of ardor and love for his profession, he was one of those who called the Convention which organized this Society. He was elected Secretary of the Convention and was for several successive years the faithful and indefatigable Secretary of the Society. He was elected President in 1857, and re elected in 1858. He was frequently elected a member of the Board of Commissioners of his native city. He was a zealous and useful Odd-Fellow. After filling almost every office in a Subordinate Lodge, he was elected Grand Master of the Grand Lodge of the State. He filled these various public positions within and without the profession with ability and much credit to himself. And what crowns him with additional honor, he never sought office but office always sought him. Thus far that has been a crowning excellence in this Society, that its offices of honor have sought the members. May it never present the inglorious and shameful spectacle of a scramble for offices in the Society by members. Amid the disgusting and degrading scenes daily witnessed, especially since the war, among all parties and classes, in the greedy lust for office, leading to ways and means oftentimes unscrupulous and outrageous, may our honored body continue to maintain its honor unsullied, its garments unsoiled, as its honors and offices are dispensed to the worthy who are always the most modest in waiting, as in olden times and purer days, for office to seek them, and not them the office.

Dr. McKee was twice married, the first time to Susan E. Battle on the 8th of March, 1842, and the second time to Eliza O. Nixon, on the 28th November, 1854. He survived them both

Another lustrous feature in the exemplary character of

our departed brother, was his high personal and professional status with his medical brethren of Raleigh. He uniformly so demeaned himself in ethics and in his daily thoughts and actions that he inspired and won their confidence, high esteem and true friendship. It is a high tribute to any medical man to have such a record with the Medical Fculty of Raleigh, for, without any motive to disparage the profession in any portion of the State, observation and experience teach me that a punctilious regard there for the code, and for the courtesies and *esprit de corps* of the profession is so intermixed with Raleigh Medical life, as to make our professional brethren at the Capital worthy of praise and imitation. If any one doubts this let him witness the sorrowful fate, sooner or later, of any medical interloper, who may chance, though calling himself a regular, to take some one of the many tortuous ways and irregular cuts to obtain practice in Raleigh, which are so often successful in other portions of the State. The standard is high at the Capital, public sentiment there sustains it, and the Raleigh Academy of Medicine, to which Dr. McKee belonged, is an honor to the profession and to the State. The ministrations, personal and professional, of his medical brethren of that city in his last illness, the touching sadness and grief exhibited by them at his death is a mournful evidence of their appreciation of the common loss, and shows the high estimation in which he was universally held as a man, neighbor, citizen, friend, and physician.

His funeral was one of the largest and saddest that ever occurred in Raleigh. The old and the young, the high and the low, the rich and the poor, all went with sorrowful hearts and streaming eyes to pay their profound respects and high esteem for this faithful friend, benevolent, useful citizen, benefactor to the poor and distressed, true physician and noble man. Seldom in North Carolina has so large and sorrowful an outpouring of humanity followed to the grave the remains of any one of her citizens. It was an

emphatic and touching tribute to his charitable nature, benevolent heart, and warm, self-sacrificing disposition and great usefulness which add imperishable lustre to his name and fame, and constitute an invaluable treasure to his family and friends.

The applause of the fickle multitude may weave laurel-wreaths of victory and renown which decorate the brow of the illustrious statesman and the victorious military chieftain, but more desirable is the reputation of the peaceful, unobtrusive, humane, useful and noble-hearted physician, who dispenses his generous services and skill to all, without distinction, who apply for his aid. When he dies the grief which stirs to its depth the heart of the poor widow who was the recipient of his charitable practice contains a warmer and truer tribute to that man than listening Senates can bestow upon their ablest champion or that popular sentiment can offer to the conquering military hero. In this view let us cherish with unfading freshness the memory and virtues and services of Dr. William H. McKee, for his whole medical life of thirty-five years duration was one continual round, and unceasing dispensation of charity, goodness, scientific skill, relief to the distressed, and usefulness to the profession and the public. In recording his virtues and services, we not only do an act of ordinary justice to him, but observe that principle of supporting the reputation of the living and dead of our profession which has been too much disregarded in North Carolina. Upon our Society devolves the high duty of stimulating and building up a feeling of professional as well as of State pride in relation to the prominent and useful medical men of the State, living and dead. An important duty is upon us and upon the entire profession of the State to encourage and build up a greater State pride.

Dr. N. J. Pittman, after speaking most feelingly of the worth of the deceased and endorsing the sentiments of the

memoir, moved that the resolutions and the paper be spread upon the minutes of our proceedings. Carried.

Dr. HINES moved that the resolutions and memoir be published separate from the transactions, in pamphlet form, and that five hundred copies be published for distribution. Carried.

Dr. WM. LITTLE stated that Dr. WM. G. HILL, of Raleigh, on the part of the Raleigh Academy of Medicine, was preparing a memoir, and suggested that it be incorporated in the pamphlet just ordered.

The suggestion met with approval.

Dr. A. G. CARR introduced the following resolution, which was adopted:

Resolved, That the Secretary furnish each member of the Society with three copies in pamphlet form of the memoir of the late Dr. W. H. McKEE, as read before the Society by Dr. SATCHWELL, and that a copy of the same be sent to every paper and journal published in this State.

Dr. N. J. PITTMAN announced the death of Dr. J. J. PHILLIPS, of Edgecombe County, as follows:

WILSON, N. C., May 19th, 1875.

MEDICAL SOCIETY OF THE STATE OF NORTH CAROLINA:

Died at his residence in Edgecombe County, on the 10th day of April, 1874, of organic disease of the heart, (right) Dr. JAMES J. PHILLIPS, an honorary member of this Society.

The subject of this brief but just sketch, was no ordinary man. Dr. PHILLIPS was born in Edgecombe county on the 4th of March, 1798. After receiving a good preliminary education, he entered the Medical Department of the University of New York, where HOSACH, MOTT, STEPHENS and FRANCIS professed with so much eclat. In consequence of the reverses of fortune in his immediate family, young PHILLIPS was unable to prosecute his studies to graduation, and commenced the practice of his profession in his own native county in 1819. Possessed of fine physical developments, and a brain susceptible of the highest culture, his professional career of nearly thirty-five years, was marked by a devotion and success which it has been the good lot of few country practitioners of the science to share. Skillful in his calling, cordial in manner, generous to the short-comings of his less gifted brethren, his counsel was often sought within and beyond his own immediate sphere.

A difficulty of hearing, the result of an attack of measles in early life, increased with his advancing years, drove him from the profession of his choice to that of agriculture, which he pursued for many years with pleasure and profit, dispensing a bountiful hospitality to his appreciating friends, until death closed the scene, after a useful and well-spent life. He died like a philosopher.

Dr. D. N. PATTERSON moved that the tribute of respect of Dr. PITTMAN, to the memory of our late honorary member be spread upon the minutes of our transactions. Carried unanimously.

The President announced that the Annual Oration would be delivered in the Hall of the Court House by Dr. ROB'T J. HICKS, of Granville, at a quarter past eight this evening.

Dr. R. L. PAYNE gave an account of his visit to the Virginia Medical Society, to which he was a delegate. He and Dr. BAHNSEN were most hospitably entertained.

Dr. BAHNSEN alluded to the visit as both pleasant and profitable.

Dr. BAHNSEN moved that a Committee be appointed to revise the Order of Business. Carried.

Drs. HINES, BAHNSEN and J. MCKEE were appointed on the Committee.

The Committee on Credentials made the following partial report :

WILSON, N. C., May 19th, 1875.

TO THE MEDICAL SOCIETY OF THE STATE OF NORTH CAROLINA:

The Committee on Credentials recommend that the following gentlemen be admitted to membership.

DR. ALEXANDER MONTAGUE,	Rolesville,	N. C.
" DAVID N. SILLS,	Castalia,	"
" JOHN A. DRAKE,	Battleboro',	"
" LOUIS JULIAN PICOT,	Littleton,	"

Respectfully submitted,

GEO. A. FOOTE,
M. WHITEHEAD,
WM. LITTLE,
Committee.

The gentlemen came forward, signed the Constitution, and paid their initiation fee.

Dr. PAYNE read a very interesting paper, reporting two cases.

The first, a case of *Uræmic Toxæmia, Eclampsia, &c.,*

The second, case of Lingering and Premature Labor. *Eclampsia* from *Uræmia, Post Partum Hæmorrhage, Peretonitis Phlebitis, &c.*

The reports elicited a warm and lengthy, but learned, discussion on the several modes of treatment of *Eclampsia.* The chief point at issue being whether or not venesection was as advisable as the use of Chloroform, Chloral Bromide of Potasseum or Opium.

The speakers were Drs. SATCHWELL, NORCOM, BAHNSEN, L. B. EDWARDS, from Virginia Medical Society, HINES, FOOTE and HICKS.

On motion of Dr. BAHNSEN, the paper was referred to the Committee on Publication. [Appendix C.]

Dr. HINES reported verbally a case of Protrusion of the Bladder during labor, which so filled up the *Ostium Vaginæ* as to prevent the birth of the fœtus. After unsuccessful efforts at replacing and catheterization, he punctured the bladder and drew off a cup full of urine, the organ was then easily replaced. The woman was then delivered and recovered without the slightest trouble.

Dr. W. A. B. NORCOM moved that a Committee be annually appointed to select a subject for general discussion at the next session, and to nominate a member whose duty it shall be to prepare the paper to be read as the basis of the discussion. Carried.

The President appointed Drs. THOS. S. DUFFY, BAHNSEN and PATTERSON on the Committee.

The Society, on motion of Dr. FOOTE, took a recess till 3½ o'clock this afternoon.

AFTERNOON SESSION.

The Society was called to order at 3½ o'clock by the President.

The reports of County Societies being called for, the following, from the New Hanover County Medical Society, was read:

WILMINGTON, N. C., May 17th, 1875.

TO THE SECRETARY OF THE N. C. STATE MEDICAL SOCIETY:

Dear Sir: During the past twelve months, the harmony and best interests of our County Association have been seriously disturbed by the question arising out of an investigation of certain charges made against one of its members. For several months it was undecided what course it became the Association to adopt, but it was finally determined to accept the resignation of the physician, and thus clear our body of the trouble which trials, under the Code of Ethics, always brings with it. It is now, I believe, the general wish of this branch of the State Society to avoid all discussions which alleged violations of the Code of Ethics will give rise to, when such violations are judicially investigated by the Association, it being rather the desire of the members to drop the name of the guilty party from our lists, and thereafter have no professional communication with him. We hope and believe that the good of the Association will be thus promoted, and that the State Society will approve of our course, should the necessity arise for the practical application of the plan which we have proposed to adopt.

At present we are in a fine condition, the monthly meetings being always pleasant re-unions, where, in a friendly conversation, the members present the difficulties which they meet in their practice, and receive the views and suggestions of the physicians in return. A good many instructive and sometimes complicated cases have been reported, some of which I am sure will be read before the Society. The Association numbers thirteen, composed of physicians from the town and county.

Respectfully submitted,

GEO. GILLETT THOMAS.

The Secretary read the following list of appointments made by the President:

To the 6th Annual Session of the Virginia Medical Society:

DR. M. WHITEHEAD, ... Salisbury.
" R. L. PAYNE, ... Lexington.

Dr. F. M. Rountree, ... Snow Hill.
" James McKee, ... Raleigh.
" H. Otis Hyatt, ... Kinston.
" Willis Alston, ... Littleton.
" J. J. Summerell, ... Salisbury.
" W. T. Ennett, ... Ashton.
" G. G. Smith, ... Concord.
" H. T. Bahnsen, ... Salem.
" R. H. Winborne, ... Edenton.

To attend the next Annual Session of the Association of Medical Officers of the late Confederate States Army and Navy, to convene in Richmond, Va., at 11 A. M., Tuesday, Oct. 19th, 1875:

Dr. C. J. O'Hagan, ... Greenville.
" S. S. Satchwell, ... Rocky Point.
" R. J. Hicks, ... Williamsboro'.
" E. Burke Haywood, ... Raleigh.
" J F. Shaffner, ... Salem.
" P. E. Hines, ... Raleigh.
" Charles Duffy, ... Newbern.
" Geo. A. Foote, ... Warrenton.
" W. A. B. Norcom, ... Edenton.
" L. A. Stith, ... Wilson.
" T. F. Wood, ... Wilmington.

To the 26th Annual Session of the South Carolina Medical Association:

Dr. N. J. Pittman, ... Tarboro'.
" G. G. Smith, ... Concord.
" J. A. Gibson, ... "

To the 29th Annual Session of the Medical Association of the State of Alabama:

Dr. Thos. S. Duffy, ... Rutherfordton.
" W. R. Sharpe, ... Fulton.
" D. N. Patterson, ... Mangum.

Dr. N. J. Pittman gave an account of his visit, as dele-

gate, to the meeting of the American Medical Association. He alluded to the fine appearance of the delegates, the great harmony and enthusiasm that prevailed, and especially upon the impression that Professor GROSS' paper, upon "One of the Lost Arts," made on the Association. He thought the essay would probably indicate the turning point in the change which was taking place in favor of blood-letting.

Dr. BAHNSEN reported verbally two cases:

The first one illustrating the advantages of Ether over Chloroform in some cases. The man had carried an ounce leaden ball in the centre of the tarsus for nearly twelve years. With a funnell made of a towel and covered with newspapers, about eight ounces of Ether sufficed to induce total insensibility in thirty minutes. He was kept in this condition for two hours. There was no nausea, nor unpleasant sequence On three previous occasions had this patient inhaled Chloroform, and each time the operation had to be discontinued on account of most alarming prostration.

The second case was as follows: Mrs. H. had puerperal convulsions at intervals for twenty-four hours. Shortly before the last convulsion her pulse increased in frequency until it stood at the immense rate of 192 per minute, and so continued for nearly thirty hours. It was at no time difficult to count, the beat, though feeble, being distinct and perfectly regular. Gradually the frequency diminished until three days after, when the pulse stood again at seventy to eighty per minute, and the patient made a good recovery. Three regular physicians who had charge of the case before his arrival verified his count.

Dr. M. WHITEHEAD, of Salisbury, read a report of the following cases:

A case of "*Hypertrophic Elongation of the Labia of the Womb.*"

A case of "*Hydrocele in the Female.*"

A case of "*Fistula in Ano,*" treated with the elastic ligature.

On motion of Dr. BAHNSEN, the paper was referred to the Committee on Publications. [Appendix D.]

Dr. M. WHITEHEAD presented and read a paper prepared by Dr. J. J. SUMMERELL, of Salisbury, detailing the results of "*Treatment of Acute Articular Rheumatism by insulation of the Beds.*"

Also a case of "*Loss of the Scrotum by Phlegmonous Erysipelas.*"

On motion of Dr. SATCHWELL, the paper was referred to the Committee on Publication. [Appendix E.]

Dr. THOS. S. DUFFY, of Rutherfordton, read a paper on the "*Cold Water Baths in Typhoid Fever.*" Cites cases.

On motion of Dr. PAYNE, the paper was referred to the Committee on Publication. [Appendix F.]

Dr. L. J. PICOT, of Warren, read a paper upon "*Strychnea Poisoning with Recovery.*"

On motion of Dr. FOOTE, the paper was referred to the Committee on Publication. [Appendix G.]

Dr. H. W. FAISON reported a case of poisoning by strychnea, occuring in his practice, which he relieved by the administration of Chloral Hydrate.

Dr. E. PORTER reported a similar case, he being the subject, having taken a dose of Strychnea by mistake. He controlled the spasms by large draughts of Olive Oil and Chloral Hydrate.

Dr. H. O. HYATT, of Kinston, reported the following cases:

Case of "*Tetanus,*" treated by Chloral and Calabar Bean."

Case of "*Retained Menstrual Blood.*"

Case of "*Pelvic Cellutites.*"

Case of "*Ovariotomy.*"

Two cases of "*Vaginal Aspiration of Ovarian Tumors.*"

Dr. HYATT stated that he had prepared these cases for publication and had promised them to a Medical Journal,

when a discussion arose as to the right of publishing them elsewhere than in the transactions, after having been read before the Society in stated session.

The papers were ordered to be published on motion of Dr. T. F. Wood.*

Dr Satchwell, Chairman of Committee on Business, made the following report, which was adopted:

Wilson, N. C., May 19th, 1875.

To the Medical Society of the State of North Carolina:

The Committee appointed to make suggestions on Business and other matters connected with the good of the profession, respectfully report, that on the subject of our report, we have not the vanity to suppose that we can offer anything new, but it has been wisely said by a distinguished female writer of our country, that the world does not need so much to be *informed* as to be *reminded*. We shall confine ourselves to the single practical point of Ethical Duty, arising from that conservative and preservative provision of the Code, Article VII, chapter 11, that the profession in every community should adopt some general rules in relation to "pecuniary acknowledgements" for services rendered, and that "it should be deemed a point of honor to adhere to these rules with as much uniformity as varying circumstances will admit."

That the profession in North Carolina should have taken many years ago that advanced position on this fundamental, vital question of subsistence and self-preservation, which has not even yet been taken, is too painfully evident and conclusively demonstrated to require argument. It is recognized in the humiliating confession that ours has become, especially since the war, the hardest worked and the poorest paid of all the pursuits and professions in our good old State. There has grown up in the profession a squeamishness, an over-sensitiveness on this subject of support to ourselves and families which has entailed, and continues to entail errors, evils, ruin and disaster to one another, and injustice to the profession at large. We have failed to educate the public to an appreciation of the truth, that the physician is under no more obligation to perform service or dispense his medicines without pay than the merchant is to give away his calico and coffee, or the farmer his corn and bacon. Nay, more than this, it has sadly come to pass that in this pinching day of unequalled financial stringency and distress, the masses of our people are unable to obtain credit or indulgence from any quarter save our own profession, and this humane indulgence and generous credit on our part has so deeply and universally impoverished our medical brethren that at this very hour the medical men in

*Paper was not sent in.

the State are, as a body, more generally embarrassed and poverty-stricken than any other class or profession. The cause is obvious. The merchant regards you as inexcusably verdant if you even apply to him for credit; the producer sternly refuses to trust out his products; the lawyers have educated clients to know that their books and mouths are sealed without the money down in advance; nor is the preacher able or willing to preach without an assurance of pay when he calls for it, and no one complains of this established regulation of the salesman, the producer, the lawyer and the clergyman. But if the physican manifests an inability to live on air and water; if he aspires to such an honorable desire and self-evident duty as to maintain himself and family in comfort and independence, and to educate his children, as causes his own conscience to whisper to him that he too must be paid or to refuse to go when called; if he refuses, however poor, to be ready at all times, by night as well as by day, in storm as well as in sunshine, in the severest heat of summer as well as in the coldest blasts of winter, to hasten with all possible speed, to the farthest as well as nearest bed-side of sickness, of any and all persons without regard to pay, he is denounced in unstinted terms, and condemned without a hearing by public sentiment, which praises the profession by words, but grudgingly refuses to pay the laborer his hire at the same time. If those of us who have been in the medical harness only a few years do not acknowledge this, and more of such as this to be our daily observation and experience, we have failed to profit by the lessons of daily life. And yet, this public inappreciation of our services, this refusal of so many and unwillingness of so many men to pay, is not alone owing to that demoralization and depravity cropping out in such lamentable and terrible forms since the war as crime goes so often at a premium, and tricksters, gamblers, defaulters and flagrant violators of human and divine law go unpunished and are even pampered and lionized in very many portions of North Carolina. The cause materially lies at our own door, in that want of better organization so essential to discipline, good feeling, and success, in ours, as it is in this depraved and demoralized day more and more the watchword and *sine qua non* of the various other occupations and professions now more than ever binding together for their own welfare and protection. We are untrue to ourselves and to our profession in holding back, as a very large portion of our medical brethren are doing, from that co-operation and union of the profession, for the sake of the profession and of humanity, and which is so indispensable to progress and financial justice to one another for services rendered. A false public sentiment has been manufactured by demagogues and traitors within, as well as demagogues without our regular ranks, that tends to the ostricism and sacrifice of that lover of the medical profession and of the public good, who has that independence and love of right and justice which causes him to take a high public stand for that uniformity of medical charges in every community insisted upon by the Code.

We all acknowledge the principle to be right, and almost indispensable to subsistence in the digusting scramble for practice, prevalent in many

sections, and yet there is such a timid fear of loss of practice and such a lamentable want of backbone, that unless we have the manhood to change such an unworthy career of expediency, and enter manfully upon a new career of improvement and reform on this vital question of subsistence as connected with medical fees, we had as well ignore the Code as a mockery, and disband our medical organizations as disastrous failures.

That overruling principle of individual instinct and of society which makes self-preservation the first law of nature, and that highest authority among us, which brands as worse than an infidel the man who refuses to provide for his own household, will not permit any blinking of this absorbing question of food and raiment, nor any evasion of this issue of life-blood now forced upon us. The profession in every community ought to come together and agree upon uniform rates of charges, such as are just in themselves to the community and to the local practitioners, not too high or too low, but such as the rights, wants and condition of physician and patient justify and demand. This arrangement can be easily made in every locality where physicians are actuated by that sense of propriety, justice and honor, so instinctive and traditionary in the profession. He who refuses to come into it is so illiberal, suicidal and unjust, that he not only shuts himself up in his own selfish shell, and isolates himself voluntarily from his regular brethren, but if he at the same time cuts himself off by such an unauthorized career of policy from the common courtesies and consultations of the profession, he has no right to complain, as he has only himself to blame. But having, in apparent good faith, voluntarily entered into such a compact, and pledged his observance as a gentleman, the physician who wilfully disregards the same is so inexcusably violative of confidence and respect, deals out deliberately such blows to neighboring rivals and to the profession as to demand it as a high duty that he should be denied the consultations and recognition of the profession. This is the only effectual method of reaching such apostates and traitors in our regular ranks, and the punishment is as just as it is necessary and indispensable to the peace, dignity and honor of the profession. Let it be published as the emphatic declaration of this Society, that a refusal to enter into some fair and just arrangement of this sort, or an omission to abide faithfully by the same when made, implies a disposition, either to undermine a neighboring competitor for practice, or a purpose to engage in some one or more of those many tricks and arts of the demagogue to ride into practice, which are no less unprofessional than detestable, and should meet with the continuous and scorching condemnation and reprobation of honorable medical men. There should also be in every community such an understanding among the physicians as will refuse services and medicines to those well known and dishonorable delinquent patients who, though able to pay, persist, under the protection of the law, in refusing to pay the physician. The indisposition of the patients to pay these bills; the sad and ruinous condition of demoralization and degeneracy of the times, so withering to virtue and morality, and so destructive to those principles of integrity and fair dealing

which the true physician still clings to amid the desolations and devastations of the war, demand it as a high duty that the profession of the State should have the justice and the nerve to apply, unhesitatingly, this wise provision as a self-evident duty. Establish it and then the physician who wilfully violates it and treats such patients who are always going from one physician to another for treatment, never paying any, when able to shirk out of it, is as much a violator of obligation and Ethical duty as him who disregards any other personal or professional duty imposed upon him by the Code. Establish unto ourselves this law in this way, and pertinaciously adhere to it, except under some extraordinary emergency, which lasts but an hour as it were, when common humanity is for the brief period to be heard, and you will do much, very much, to give our calling that high and advanced position in North Carolina which, in this relation, it occupies in some portions of the country with so much benefit to all parties, and with injustice to no one. That the poverty of the profession is mainly due to an intolerable abuse of the credit system, now abolished by all, save our own impoverished but still humane and struggling profession, is one of those direct and vital questions of subsistence to ourselves and families which cannot be longer ignored, but must be firmly met and justly dealt with, unless we desire to injure the profession, or are willing to bring want, hunger, and distress as never before, upon both ourselves and families. That the present want of many indispensable comforts and necessities in the way of living of medical men, is to no little extent due to an extraordinary, but patent omission on their part to adopt and carry out a just and uniform system of charges for medicines and services rendered in every village, town, and township, is as true as it is a solemn warning to us to be more true to ourselves, and to enter at once upon a change and effectual reform in this matter of credit and of irregularity in charging. That the proverbial charity of the profession, its readiness to attend the poor gratis, constituting one of the glories of the calling, is perverted by allowing patients, able but unwilling and refusing to pay, to continue to receive our medicines and attention, is self-evident, and while it works injustice and wrong to those poor and afflicted, really deserving our charity, it is effective in working up such a condition of poverty, discouragement and embarrassment in our ranks as greatly tends to injure and lower the standard of the profession. The laws of North Carolina are so shaped that it is only from a small portion of the community that we can legally collect our fees; and unless we change front and stand upon our reserved rights to take care of ourselves, or can induce those who, in our coming Convention or in the next Legislature, may be disposed to look, as makers of statute laws seldom are, upon our claims with proper consideration, we shall as certainly drift still further down the flowing stream of increasing poverty and ruin, in a financial sense, as that time moves on. It has been said by a sagacious philosopher and statesman, that the best way to avoid danger is to look it straight and plump in the face; and the surest method of preventing shipwreck amid these financial breakers and perverters of medical charities and

professional credits, is to take such a preservative recognition of their existence as will lead to a just and fundamental change. As we are to have, before another annual meeting, a Constitutional Convention, which it is hoped and believed will lead to changes and results that will place our greatly impoverished and much abused State upon a new and brighter pathway of prosperity, progress, and greatness, it is certainly encouraging to expect that our profession, either in that Convention or in the Legislature, immediately after to assemble, will not be wholly slighted, in the truth, that the laborer is worthy of his hire. The law of Georgia, that a physician may collect his bills by an easily applied method of garnisheeing, would be much more effective than any law upon our statute books as bearing upon dues to physicians. It is earnestly advised that this Society will, at this annual meeting, take some action upon this important subject, which, while just to the State and the public, will be productive of relief to the profession. It certainly is proper to appoint a committee to confer with the coming Convention or approaching Legislature, one or both, and make known these grievances and difficulties in the way of collecting medical dues, to the end of obtaining justice. Laws are made to subserve the ends of justice, to correct evils, and remedy wrongs, and surely the laborers in the medical profession have as much right as any other class of laborers to demand and receive the rights and protection of law.

No sentiment herein advanced is intended to act or can act as a barrier in the least, to a full recognition of the claims of the afflicted poor upon the profession. These claims will be met in the future as in the past, as far as circumstances will admit, and the present or prospective scarcity of money among us, as well as the oppressive burdens of poverty and want of the masses of our population in North Carolina since the war, should and will be justly considered in any and all regulations established for the better protection of the profession as to remuneration for professional services.

The condition of our colored population as to medical service and medicines, presents one of those practical questions of humanity and problems of political economy of increasing interest, not alone to physicians so often called upon to attend them in sickness, but also to the legislature and philanthropist. It has now been over a decade since their emancipation, and they are making their record, not alone as to their capacity to exercise the right of suffrage, nor yet alone as to their fitness to perform those important duties to the State and to the country which good citizenship implies, but also as to their ability and willingness to remunerate the physician for service and medicines. Observation and experience teaches us that the prevailing demoralization, as established in the feature of unwillingness of so many patients who are able to pay medical dues, prevails greater, proportionably, among the negroes than among the whites. Some of the negroes are prompt to pay, but most of them who are able to pay by their own physical labor or otherwise, are disposed to shirk out of it more than the same number of whites in like circumstances. No portion of any community have been so liberal towards them, or served them with as much

faithfulness and sacrifice since their emancipation as our always generous and self-sacrificing profession. And while no respectable white man in the Southern States can be found who would put them back in slavery, or who would even deny to this race, now going through the ordeal of testing their capacity for self-government, any of the rights guaranteed to them by the Constitution and laws of the State and country, our own profession, true to its instincts and traditions, are more humane to them, the world over, than any other class or profession have ever shown themselves to be. But in our own State they are not much inferior in numbers to the whites, and in some counties are in excess, and their afflictions of body and mind are now inflicting a greater burden upon our profession than we are able to bear, determined, as such a large portion of them are, not to pay medical debts. What is to be done under such circumstances? poorer and poorer as so many negroes are getting, and more and more idle and profligate as so many of them are from year to year, presents a question demanding solution. Our medical brethren in the Western and other parts of the State may not feel these burdens as do physicians of the Eastern and other counties where thousands upon thousands of lazy, vicious, abandoned negroes are strolling about as pests to Society, liable to sickness, and constantly calling upon physicians for relief, and when relieved, unwilling, in a large majority of cases, to pay the physician. These negroes, whether in health or in sickness, are and will be in large numbers, citizens of the State, especially of our middle and Eastern counties, and how their wants are to be relieved, and what is to become of the race, is one of those humane but perplexing questions that cannot be ignored.

While every consideration connected with a development of our magnificent resources and the best interests of the community demands a more vigorous and effectual system of immigration to an inviting State, it may well be questioned whether, all things considered, we shall be able to obtain a better class of laborers than a large number of our negroes make. But they need to be improved in education and in those comforts which are necessary to them in sickness and in health. Policy, as well as humanity, demands that the authorities of North Carolina and of the various counties, towns, and cities, should inaugurate and maintain such a system, hospital or otherwise, for the relief of their infirmities, and the cure of their diseases, as will not only relieve our own profession of the burdensome calls of humanity now imposed upon us in relation to this race, but such as corresponds with the suggestions of justice and an enlightened course of policy and political economy.

Respectfully submitted,

S. S. SATCHWELL,
G. A. FOOTE,
R. H. WINBORNE.

Dr. WINBORNE introduced the following resolution:

Resolved, That a Committee of five be appointed by the President of this Society whose duty it shall be to visit Raleigh during the next session of the approaching State Convention or next Legislature, and to memoralize the same upon the necessity and justice of passing a law whereby the medical profession of this State may be empowered to collect their regular professional dues; *and resolved further*, that this Society pay the actual expenses of said Committee.

After some discussion of the motion by Drs. THOS. DUFFY, FOOTE, MURPHY, PAYNE, H. FAISON and R. J. HICKS, Dr. SATCHWELL offered the following amendment, which was accepted, and the motion prevailed:

That the Committee consist of six, and that three of them be selected from the resident physicians of the City of Raleigh.

The President appointed the following gentlemen to compose the Committee:

DRS. SATCHWELL, HALL, MURPHY, LITTLE, HINES and E. BURKE HAYWOOD.

The Committee on Finance made the following report:

WILSON, N. C., 3 o'clock, P. M., May 19th, 1875.

TO THE MEDICAL SOCIETY OF THE STATE OF NORTH CAROLINA:

The Committee respectfully report that they have examined the Treasurer's books and find that there was a balance in the treasury, on May 18th, 1875, of $7.65. The expenditures of the past year amounted to about $270.00. There has been received by the Treasurer up to the hour of making this report, the sum of $130.00, making the cash in his hands $137.65. The Committee recommend the assessment for the year to be fixed at $3 per capita.

P. E. HINES,
J. L. KNIGHT,
H. T. BAHNSEN,
Finance Committee.

On motion of Dr. WHITEHEAD, the Society adjourned till 8 o'clock this evening.

NIGHT SESSION.

The Society was called to order at 8 o'clock by the President, who introduced to a large and enlightened audience of ladies and gentlemen, Dr. Rob't J. Hicks, of Granville, the Orator for the Society.

Dr. Hicks entertained the audience with a very interesting, able and instructive address upon "Some of the Errors as Opposed to the Triumphs of Medical Science."

At the conclusion of the address, Dr. Satchwell moved that the thanks of the Society be tendered Dr. R. J. Hicks for the able and eloquent address, and that he be requested to furnish a copy to the Secretary for publication in the minutes of the Society. Unanimously carried. [Appendix B.]

The Society adjourned till 9 o'clock, A. M., to-morrow.

THIRD DAY—MORNING SESSION.

Wilson, N. C., May 20th, 1875.

The Society met at 9 o'clock, the President, Dr. Jones, in the Chair.

The reading of the minutes were, on motion, dispensed with.

The President announced that written communications were in order, and that the Society was ready to receive any remarks from members.

Dr. W. T. Ennett reported a case of "*Chilblains.*"

Dr. J. B. Hall moved its reference to the Committee on Publications. Carried. [Appendix H.]

Dr. Francis Duffy reported a case of a "*Peculiar Cerebral Lesion due to Syphilis.*"

On motion, it was referred to the Committee on Publication. [Appendix I.]

Dr. Thomas F. Wood, of Wilmington, read an essay on the "*Sources and Natural History of Vaccine Disease,*" supplementary to a paper on "*Non-Identity of Vaccinea and Variola,*" read by him at the 14th Annual Session of the Society, in Tarboro', in 1867.

On motion of Dr. H. T. Bahnsen, the paper was referred to the Committee on Publication. [Appendix K.]

Dr. Little moved that the Society now proceed to the installation of officers. Motion prevailed.

The President appointed Drs. Little and Bahnsen to conduct the newly elected President to his seat.

Dr. Hines, upon taking the Chair, returned his thanks to the Society for the honor conferred, in a very appropriate and impressive manner.

Dr. J. W. Jones, the retiring President, then addressed the Society on the subject of "Man in his Primeval State."

Dr. Satchwell moved that the thanks of the Society be tendered to the retiring President for the faithful manner in which he presided over the deliberations of the Society, and for the valuable and erudite address just delivered, and that he be requested to furnish a copy of it for publication in the transactions. Carried unanimously. [Appendix A.]

Dr. Little moved that the hour of adjournment be fixed at 11½ o'clock. Carried.

The President, Dr. Hines, announced that it was in order to select the time and place of the next meeting.

Dr. Bahnsen placed Salem in nomination.

Dr. G. G. Smith placed Concord in nomination.

Dr. J. K. Hall placed Greensboro' in nomination.

Dr. T. D. Haigh placed Fayetteville in nomination, stating several reasons why the Society should accept,

When Dr. Whitehead moved that Fayetteville be chosen by acclamation. Carried.

Time of meeting to be the first Wednesday in May, 1876.

The Committee to select a subject for discussion at next meeting made the following report, which was adopted:

WILSON, May 20th, 1875.

TO THE MEDICAL SOCIETY OF THE STATE OF NORTH CAROLINA:

Your Committee respectfully report that "Puerperal Convulsions" has been selected as the subject, and Dr. W. A. B. NORCOM as the writer of the essay for discussion, at the next annual meeting of the Society.

THOS. S. DUFFY,
H. T. BAHNSEN,
D. N. PATTERSON,
Committee.

Dr. D. N. PATTERSON, of Mangum, offered the following preamble and resolutions, which were unanimously adopted:

WHEREAS, Though duty to our Society and to our Profession demands our presence here to-day, which is literally North Carolina's 4th of July day of Declaration of American Independence, we are still present in sympathy and pride with those North Carolinians who meet at Charlotte on this memorable and hallowed 20th of May, to celebrate the Centennial of the Mecklenburg Declaration. And while the Medical Profession of North Carolina cherish with becoming pride the truth that physicians, as a class, are surpassed by none others in patriotism, there is a peculiar and most gratifying reason now why the profession of the State should be proud of the Mecklenburg Declaration, in the historic fact that one of our own North Carolina medical brethren wrote that immortal instrument and signed it with the other signers. Dr. EPHRAIM BREVARD, a native of old Mecklenburg, where his remains still repose, a Surgeon in the Continental Army, was captured by the British, and because of his devotion and activity in drawing up and circulating that Declaration, was immured in prison in Charleston, South Carolina. Here he contracted a malarial disease from which he afterwards died in Mecklenburg. A member of the Convention which appointed the Committee to which he also belonged, to draft the Declaration, read from the Court House door in Charlotte, at a mass meeting, held there on the 20th May, 1775, he was evidently one of the master spirits in that great movement. Therefore,

Resolved, That we are in entire accord with those North Carolina historians and statesmen who have shown so conclusively that this Declaration is authentic, and that we accept and endorse the proud record thus made for North Carolina, always true in every war in which honor, duty and patriotism demands her services.

Resolved, That in our opinion it is eminently proper that our people should celebrate this day, as immense masses of her citizens are this day doing at Charlotte.

Resolved, That so long as the waters shall flow down the Catawba on whose banks lie the hallowed remains of our medical brother, the hero and

martyr, as he also was the author of the Mecklenburg Declaration, the medical profession of North Carolina will cherish with deep pride the virtues and noble services of Dr. EPHRAIM BREVARD, and we will preserve his name and fame as a household word in the profession.

Dr. FOOTE, from the Committee on Credentials, made the following report:

WILSON, May 20th, 1875.

TO THE MEDICAL SOCIETY OF THE STATE OF NORTH CAROLINA:

The Committee recommend for membership in the Society

DR. W. C. MURPHY,	Magnolia,	N. C.
" W. J. COOK,	Louisburg,	"
" F. J. THORPE,	Rocky Mount,	"
" JOSHUA TAYLOR,	Tarboro',	"
" D. W. BULLOCK,	Tarboro',	"
" W. H. WHITEHEAD,	Battleboro',	"
" C. W. EAGLES,	Sparta,	"
" R. A. SILLS,	Nashville,	"
" R. H. SPEIGHT,	Tarboro',	"
" C. E. MOORE,	Battleboro',	"
" H. G. LAND,	Poplar Branch,	"
" R. J. GRIMES,	Robersonville,	"

Respectfully submitted,

G. A. FOOTE,
For Committee.

Report was adopted.

The gentlemen came forward, paid their initiation fee, and signed the Constitution and By-Laws.

Dr. WM. LITTLE introduced the following resolution:

Resolved, That the thanks of the Society are due and are hereby tendered to the physicians, and to the citizens of Wilson, especially the ladies, for the very kind and hearty reception extended during the present session.

Unanimously adopted.

Dr. C. T. MURPHY introduced the following, which was adopted:

Resolved, That the thanks of the Society are hereby tendered the officers of the various railroads for passing delegates for one fare.

The hour of 11½ o'clock being fixed as the time for adjournment, the President adjourned the Society to meet in the town of Fayetteville, on the first Wednesday in May, 1876.

JAMES McKEE, M. D.,
Secretary.

REVISED ROLL

Of Members in the Order in which they signed the Constitution.

Dr. E. Strudwick,	Hillsboro',	North	Carolina.
" W. G. Hill,	Raleigh,	"	"
" N. J. Pittman,*	Tarboro'	"	"
" J. B. Jones,	Charlotte,	"	"
" R. B. Haywood,	Raleigh,	"	"
" Chas. E. Johnson,	"	"	"
" Jas. B. Dunn,	"	"	"
" W. George Thomas,	Wilmington,	"	"
" S. S. Satchwell,*	Rocky Point,	"	"
" J. R. Mercer,	Tarboro',	"	"
" E. B. Haywood,	Raleigh,	"	"
" Jas. P. Bryan,	Kinston,	"	"
" A. B. Pierce,*	Halifax,	"	"
" H. W. Faison.*	Faison's Depot,	"	"
" Allman Holmes,*	Clinton,	"	"
" E. W. Anderson,	Wilmington,	"	"
" C. T. Murphy,*	Clinton,	"	"
" Hugh Kelly,	Statesville,	"	"
" F. M. Henderson,	Concord,	"	"
" J. J. Summerell,	Salisbury,	"	"
" P. E. Hines,*	Raleigh,	"	"
" M. Whitehead,*	Salisbury,	"	"
" J. G. Ramsey,	Rowan Mills,	"	"
" J. A. Gibson,*	Concord,	"	"
" R. H. Winborne,*	Edenton,	"	"
" J. K. Hall,*	Greensboro',	"	"
" Geo. A. Foote,*	Warrenton,	"	"
" W. R. Sharpe,	Fulton,	"	"
" Eugene Grissom,	Raleigh,	"	"
" R. L. Payne,*	Lexington,	"	"
" F. M. Rountree,*	Snow Hill,	"	"
" W. A. Collett,	Morganton,	"	"
" E. F. Ashe,	Wadesboro',	"	"

Dr. D. B. Woods,	Rowan Mills,	North	Carolina.
" Chas. J. O'Hagan,	Greenville,	"	"
" W. A. B. Norcom,*	Edenton,	"	"
" J. F. King,	Wilmington,	"	"
" J. W. Jones,*	Tarboro',	"	"
" J. F. Long,	Washington,	"	"
" C. W. Knight,	Tarboro',	"	"
" J. B. Hughes,	New Berne,	"	"
" W. W. Gaither,	Lenoir,	"	"
" J. C Gidney,	Shelby,	"	"
" William Little,*	Raleigh,	"	"
" William R. Wood,	Scotland Neck,	"	"
" J. H. Hicks,	Rocky Point,	"	"
" W. M. B. Brown,	Greenville,	"	"
" M. T. Savage	Scotland Neck,	"	"
" Thomas F. Wood,*	Wilmington,	"	"
" Thomas C. Powell,*	Rocky Mount,	"	"
" Franklin Hart,*	Tarboro',	"	"
" Geo. L. Kirby,	Goldsboro',	"	"
" L. A. Stith,*	Wilson,	"	"
" J. F. Shaffner,	Salem,	"	"
" G. H. Macon,	Littleton,	"	"
" W. T. Cheatham,*	Henderson,	"	"
" Robt. J. Hicks,*	Williamsboro',	"	"
" Elisha Porter,*	Rocky Point,	"	"
" Walter Debnam,*	Earpsboro',	"	"
" F. J. Haywood, Jr.,	Raleigh,	"	"
" C. H. Barron,*	Toisnot,	"	"
" B. P. Alston,	Warrenton,	"	"
" V. O. Thompson,	Winston,	"	"
" G. G. Smith,*	Concord,	"	"
" F. N. Luckey,	Salisbury,	"	"
" D. N. Patterson,*	Mangum,	"	"
" Joel G. King,	Warrenton,	"	"
" J. P. Sugg,	Tarboro',	"	"
" H. T. Bahnsen,*	Salem,	"	"
" Geo. N. Ennett,	Sneed's Ferry,	"	"
" Chas. Duffey,	New Berne,	"	"
" W. W. Lane,	Wilmington,	"	"
" R. L. Cowan,	Rowan Mills,	"	"
" Jas. L. Robinson,	Wilmington,	"	"
" W. J. Love,	"	"	"
" J. B. Walker,	"	"	"
" David D. Sloan,	Sampson Co.,	"	"
" James McKee,*	Raleigh,	"	"
" L. L. Alexander,	N. Hanover Co.,	"	"

Dr. Willis Alston,*	Littleton,	North	Carolina.
" W. J. H. Bellamy,	Wilmington,	"	"
" Geo. F. Lucas,	"	"	"
" Walter Brodie,*	Whitakers,	"	"
" A. S. Jones,	Warrenton,	"	"
" H. Otis Hyatt,*	Kinston,	"	"
" J. L. Knight,*	Tarboro',	"	"
" C. S. Killebrew,	"	"	"
" D. M. Buie,	Wilmington,	"	"
" W. T. Ennett,*	Rocky Point,	"	"
" D. McL. Graham,	Point Caswell,	"	"
" W. I. Royster,	Raleigh,	"	"
" Geo. Fields,	Warrenton,	"	"
" C. G. Cox,	Richlands,	"	"
" G. Gillett Thomas,	Wilmington,	"	"
" V. N. Seawell,	Wallace,	"	"
" Geo. S. Attmore,	Newbern,	"	"
" S. B. Flowers,*	Mt. Olive,	"	"
" P. W. Young,	Oxford,	"	"
" Jno. McDonald,	Washington,	"	"
" Francis Duffey,*	Catherine Lake,	"	"
" L. L. Staton,*	Tarboro',	"	"
" T. P. German,	Ridgeway,	"	"
" A. G. Carr,*	Durham,	"	"
" Jno. A. Allison,	Statesville,	"	"
" J. B. Gaither,	Salisbury,	"	"
" J. M. Hadley	La Grange,	"	"
" W. G. Johnston,	Farmington,	"	"
" W. J. McLinden	Wadesboro',	"	"
" Josh. W. Vick,*	Selma,	"	"
" Isaac E. Green,	Warrenton,	"	"
" P. L. Murphy,	Wilmington,	"	"
" Joseph Graham,	Charlotte,	"	"
" J. W. Miller,	"	"	"
" John L. Henderson,	Mt. Pleasant,	"	"
" J. R. Wilson,	Harris' Depot,	"	"
" Richard Anderson,	Albemarle,	"	"
" J. S. Blair,	Harris' Depot,	"	"
" J. F. Miller,	Goldsboro',	"	"
" S. J. Alexander,	Randalsburg,	"	"
" H. K. DeArmand,	Pineville,	"	"
" J. P. McCombs,	Charlotte,	"	"
" Thomas S. Duffey,*	Rutherfordton,	"	"
" O. P. Houston,	Mt. Ulla,	"	"
" S. J. Gilmer,	Concord,	"	"
" Jno. Fink,	"	"	"

Dr. Thomas J. Moore,	Charlotte,	North	Carolina.
" E. S. Foster	Louisburg,	"	"
" A. A. Hill,	Lexington,	"	"
" J. H. Baker,*	Tarboro',	"	"
" J. B. Hall,*	Scotland Neck,	"	"
" J. M. Richardson,	Lincolnton,	"	"
" T. D. Haigh,*	Fayetteville,	"	"
" Alexander Montague,*	Rolesville,	"	"
" L. J. Picot,*	Littleton,	"	"
" David N. Sills,*	Castalia,	"	"
" Jno. A. Drake,*	Battleboro',	"	"
" W. C. Murphey,*	Magnolia,	"	"
" W. J. Cooke,*	Louisburg,	"	"
" F. J. Thorpe,*	Rocky Mount,	"	"
" Joshua Taylor,*	Tarboro',	"	"
" D. W. Bullock,*	"	"	"
" W. H. Whitehead,*	Battleboro',	"	"
" C. W. Eagles,*	Sparta,	"	"
" R. A. Sills,*	Nashville,	"	"
" R. H. Speight,*	Tarboro',	"	"
" C. E. Moore,*	Battleboro',	"	"
" H. G. Land,*	Poplar Branch,	"	"
" R. J. Grimes,*	Robersonville,	"	"

HONORARY MEMBERS.

Dr. W. T. Howard,	Baltimore,	Maryland.
" Otis F. Manson,	Richmond,	Virginia.
" J. H. Dillard,	Edenton,	North Carolina.
" F. D. Lente,	Cold Spring,	New York.
" Susan J. Dimmock,†	Boston,	Massachusetts.

Those marked * were present at this meeting.

†Dead Information of death by drowning received since meeting.

APPENDIX.

APPENDIX.

A

VALEDICTORY ADDRESS.

BY J. W. JONES, M. D., TARBORO', N. C.

Mr. President, and Gentlemen of the
North Carolina Medical Society.

My term as your presiding officer now expires, and it only remains to me to say to you a few parting words. I thank you for your kindness and forbearance.

The subject of the brief remarks and reflection which I propose to submit to you, is, Adam in Eden—Man in his first Estate. And it occurs to me, that it is a fit period in his life, as he has lived on this earth, for study; when he was new, first made, healthy, in a new world, of pure air and fresh water, perfectly adapted to all his wants and necessities in his natural state. The time allowed us only permits that we be suggestive, not exhaustive, in the discussion.

As to the origin of man, the various theories of our time are not new. Unaided human reason has always and in all times made the same mistake when searching after the origin of things. The Greeks approached nearer the truth than any other people who had not the written word. In their literature the power of thought developed itself in every direction, and it is remarkable that all subsequent systems, even in the most modern times, so far as they rest on specific fundamental differences, may be recognized as

anticipated by the Greek philosophies. The Greeks even were dependent for the germ of their thoughts, as to the beginning, which suggest to us the profound culture and development at a very early period of the world's history, on the oriental philosophy, coming down to us from the most ancient times and embracing the speculations of the human mind in India, China, Persia, Chaldea, Phœnicia, and Egypt, and presenting a perfect parallel to their systems, which in connection with the early history of that country justifies the conclusion that the eastern philosophy was the source of all subsequent speculations.

Pantheism, which beholds in infinite beings only forms or modifications of infinite substances, or as the modern German materialist regards it, the universe as the self development of God, all things but as "one stupendous whole," is found in the Vedas or sacred books of India, and in the philosophies of China and Egypt, and was taught in Greece by Pythagoras.

Dualism, which divides all beings and substances between two incarnate principles, two Gods, a good and an evil one, is found in the Zindavesta of Persia under the notion of a grand conflict; and in the Chaldean philosophy it is exhibited as an immutable harmony. This was taught in Greece by Thales and Anaxagoras.

Atheism, which in the place of God, substitutes a sort of indefinite multiplicity by the concurrence of atoms, teaches that all existences may be resolved into some modification of matter. This was taught in some of the Buddhist Schools in India, and in Greece by Anaximander and Epicurus.

In ancient Greece it was customary to regard all matter as consisting of four elements, viz; earth, air, fire and water. Thales believed that the secret of life was to be found in water. Anâximenes was of the opinion that it resided in the air. Pythagoras traced it to heat. And Xenophon to the earth. Hippocrates went further and asserted that nature presided over and controlled all the actions of the

body. Plato and Aristotle, still more daring, attributed a soul to all living things, a rational soul for man, a sentient soul for animals, and a vegetable soul for plants; and recognized matter, life and spirit as distinct parts of the same body or being. Democritus and Epicurus denied all this and regarded the body as an accidental aggregation of stray particles, variously grouped and discharging functions as to the groups.

In Democritus and Epicurus, we behold the materialist of modern times, in Plato and Aristotle, the immaterialist, and the grounds originally occupied by each respectively, is vigorously maintained by the two rival schools of modern philosophy, the one attributing everything to a spiritual agency, and to law and order impressed upon all matter, whether living or dead, by divine power; while the other maintained that matter of itself can account for the universe and all in it. That only matter and material forces, only atoms and atomic forms have been and are concerned in the formation of all things, living as well as dead, and that the material universe is due to an accidental assemblage of parts mutually acting and re-acting on each other. They both alike assume the existence of matter, but differ as to its forces, disposal and arrangement. The former holding that God, who is at once free, intelligent, self-acting, wise and good, the ultimate and proximate cause of all the phenomena of life, and of the universe, made matter, and having made it, and placed it in certain condition, it will obey certain laws, but can do nothing of itself by anything inherent in matter. That each creature was created perfect in itself, and perfect in its relation to all other creations and to the universe. That man came from no atom, or monad or brute. That life is a mysterious entity, wholly separate and distinct from any physiological action, and cannot be referred to any combination of physical forces. That mind has for its own basis not body or matter merely, but spirit, endowed with divine attributes, a central something underlying both matter and spirit.

The latter, or materialists, contending that with matter given, they can account for man and the universe; that all the forces are inherent in matter, and that in matter they find the promise and potency of every form and quality of life. They explain all things by the operation of secondary causes. They ignore the question, how natural law came in the beginning to raise formless matter into all those beautiful forms we see, in all animal and vegetable nature, and regard the question, who made it? as unknown and unknowable. They only see the grand progression of nature as presided over, not by God, but by what they call motion, natural law, blind force. That all matter is endowed with certain chemical and physiological properties, the chemical developed by binary combinations of matter; that the vital properties come into existence when matter comes into more complicated combination, and that all vital manifestations are no more than physiological actions resulting from certain physical changes, arising necessarily in particular organizations. That thought is a function of matter, only the result of an agitation of the brain, and ideas only transformed sensations. That when any vital organization is dissolved, that is an end of it, its matter passing into new forms and evolving new life. All our joy, sorrow, thoughts, love, heroism, worship, are the product of matter. And so the law of Mr. Comt follows, that a physical basis is found for the phenomenon of social life. That as the life of an individual man is supposed to result from certain physical changes in the organism belonging to the man, so the life of the community, social life, is supposed to be equally dependent upon certain physical changes in the larger organism, in which many men form component parts. They tell us that our world, and all the fullness thereof, came into existence somewhat in this wise: that at some time in the great unknown past, some stray particles of matter, may be nebular, floating in the great space, by power inherent in matter, came together and commenced

the formation of a young world, that this grew by attracting the smaller bodies about it, until in the fullness of time, our world was full grown and took its place and began her eternal rounds. And then chemical action set up, and combinations were formed that resulted in life, and that from the lowest form of life man has worked his way up to his present level, through the countless forms of brute life, and then through an interminable line of savage ancestry. The mystery connected with the origin of things and of man, is not gotten rid of by any of the skeptic writers, or explained by any of their theories. We think that the labors of the scientist are in vain in that direction; that he seeks for what is beyond the range of human knowledge, that he insists upon measuring or weighing, and calculating with wrong and inadequate means and instruments. They know that the world exists, and consequently, a *posteriori*, that as it now exists, it must have in some way and time begun to exist, but when and how is past finding out by any means and measuring known to us. Again, it may be supposed that this world came from a nebular. or that it came full grown instantly, by one single omnific act, or that each department of each race in the world, or each atom of the universe, was the subject of a separate and distinct act of creation, and that these several acts were chronologically separate from each other; and no man on any philosophical grounds can deny any one of these suppositions. Nor is there, physiologically regarded, anything in man to contradict the view which regards him as having a spiritual nature, which is the image of the Divine Spirit. Away from the revealed word, we can't affirm or deny, all is speculation. All conjecture. The matter of man's orign is quite beyond the reach of scientific investigation, and for what we know of it, we are in no wise indebted to human knowledge. Science can only explain and investigate the external constitution of nature. Beyond this, from the nature of things, she can't go, and for all we are indebted to the Great Architect him-

self, to God the maker, who has revealed himself in diverse times and places, as it has pleased him, by His Word, and by signs and by His Spirit.

The world is fast learning that any one division of science is but a part of the whole, great, one domain, and to realize the important fact that all science, like all truth is one, to which that of man, based on the solid foundation of observation, experience and revelation is the introduction. In our search for truth and study of man, the archetype and crowning work of all created things in this world, we must stand hard by and never desert known laws, tried experience, the observation of the past, and the revealed Word, to reason about what we may conceive to be absolute and necessary laws, or launch out into wild skepticism, because of things we can't comprehend. Many of the great truths of God are not comprehended by syllogisms. It seems to me that it would be unreasonable if finite man, living in a world that is almost an atom when compared to the great universe, should comprehend the thoughts of God, or the breadth, and length, and depth, and height of his wisdom.

The Scriptural account of the creation is a brief outline, such as wonderfully adapts itself to men of every age, and to every stage of intellectual development. Its widest design was the annunciation of certain principles and facts as pertaining to the religious history of the Israelites, and the unfolding of the Divine intention respecting human redemption. Brief as it is, the Biblical history of the creation is the most rational and consistent known to man. And as the truths of the natural sciences are developed by experiments and observations, and as rational views of creation are established, they are found consistent with, and often anticipated by the language of Holy Writ. The grand outlines sketched by Moses with such scientific accuracy are the same as those which modern science enables us to trace. Where did Moses get all this knowledge? If he possessed the knowledge which genius and science have attained only

recently, that knowledge was superhuman. If he did not possess that knowledge, then his pen must have been guided by superhuman wisdom, in recording the scheme of creation so profoundly philosophical.

It is conceded that there was a flood in the early history of our world. Of all the theories to account for the manner of it, the most rational, it seems to me, is that the flood was what the geologists term a subsidence and upheaval, the ancient land gradually sinking down beneath the ocean to become its bed, while the bottom of the former deep, has been gradually upheaved to form a new earth; a phenomenon differing only in dimensions and grandeur from the like in modern times.

This great Continent, that subsided at the flood, carrying down with it every living creature except Noah and the living creatures in the ark, the birth place of the first man, and the cradle of the human race, is supposed, and that not without good reason, to have stretched over that part of the globe, at least, where now roll the Indian and Pacific Oceans, and known by writers as Lemuria. And that the Ark rested, after the waters had subsided, near the shores of the Persian Gulf, in the south-western part of Asia, to which all tradition, history, ethnology and philology point, as the birth place of the human family in the new world, and to his unity there.

The physical system of our world, in the beginning, as described by the sacred historian, can but fill the contemplative mind with wonder and admiration. We see the simple but beautiful adaptation in the earth below, and the heavens above; the land, the sea, the winds, the light; man and his world in perfect and unbroken harmony, without a jar to mar the all pervading unity; and everything co-operating to secure the greatest good and perfection. Its precise form and dimensions are not given, yet Moses individually gives us in express terms the data by which we may know much of it. He expressly tells us that in the

old world there were rivers, mountains, fine gold and precious stones, fruit that was good for food, trees that were pleasant to the sight, herbs and trees bearing seed, cattle on the hills, fowls in the air, beasts in the field and fishes in the sea; and that some parts of the land were more productive than others. So we may safely infer from these, and still other reasons, that it was a great continental plain, as large as all our Continents and islands together, of nearly uniform surface, with a single broad ocean washing its shores, with lakes, and ponds, and marshes, and branches, and springs, and meadows, and shores; with currents of air and water undisturbed by local causes, pursuing their steady and continual routes; with climates like the hues of the rainbow, gently melting into each other, and maintaining an even and steady progression from the fervent heat of the equator to the frozen poles. It was a rainless country; the mist went up from the earth and watered the whole face of the ground. Nor was it in any part subject to the inequalities we experience, no excessive rains, but the daily want supplied by genial dews and mist. The currents of air were even and uniform, the skies were serene and cloudless, the Flora and Fauna were distributed in their proper latitudes, and attained their full perfection.

In Eden, the fairest portion of this goodly land, God prepared and planted with his own artistic hand a garden, and in it he put the man and the woman whom he had made. And out of the ground made the Lord to grow every tree that is pleasant to the sight, and good for food. The tree of life was also in the midst of the garden, and the tree of the knowledge of good and evil. A river went out of Eden to water the garden, the gold of it was good, and there was there the Bdellium and the onyx-stone. It was a paradise of physical pleasures, with everything that could delight the taste or please the eye, or gratify the senses. All was unity and fellowship; mother Eve talked with the serpent, and the man Adam walked and talked, face to face, with

God; the wolf and the lamb did dwell together, and the leopard laid down with the kid.

There are three orders of intelligence known to us: God, Angels and man. There are two orders of Angels—Angels and Arch-angels. Man was made a little lower than angels. "In the beginning God created the Heavens and the Earth, and all the fulness thereof." On the sixth day of the creation, "God said let us make man in our own image, after our own likeness. So he created him out of the dust of the ground, and breathed into his nostrils the breath of life, and he became a living soul. And the Lord God said, it is not good that the man should be alone. I will make him a help meet for him, and he caused a deep sleep to fall upon Adam, and he took one of his ribs, and of the rib which the Lord God had taken from the man, made he a woman, and brought her unto the man, and blessed them and said, be fruitful and multiply, and replenish the earth, and subdue it, and have dominion over the fowls of the air, and the fish of the sea, and over every living thing that moveth upon the earth." But man, over elated by his dominion and position, became dissatisfied with the restraining limits of his happy lot, and sought a broader sphere, yielded to the tempter's voice, and in an evil hour, overstepped the periphery of man's degree, and fell. So sin entered into the world, and death by sin. And immediately there came a strange state of disturbance and unrest, giving signs of change that must needs have guide and restriction. How long man remained in his first estate, and in Paradise, we are not informed, though we suppose, comparatively a short time. All his children were born to him after his fall and expulsion. He was one hundred and thirty years old at the birth of Seth, and had children younger than Seth, but of his age at their birth we have no record. Of his wife, Mother Eve, there is no mention made, save that she bore her husband children, sons and daughters. He knew no childhood, but came into the world full grown, fresh from

his Maker's hands. His occupation was to keep and dress the garden—a horticulturist. His food was seeds, herbs and fruits; he was frugivorous by instinct, but by his intelligence has become omnivorous. He lived in a state of nudity, nor was there shame to man or woman, or fear of them to the brute. To the time of the violation of the law, every thing worked together for good; man adapted to the world, and the world to man. The life he lived was in conformity to the great principles upon which the law rested. Consequently, all he did and said was only a development and a growth to his greater perfection, and he needed no more restriction than the plant, which has all the conditions of its life and development around it and in it. His daily work, like the beating of our hearts, did not bring weariness, nor when he ran did he faint. We are expressly informed by the sacred historian, that man has fallen from the higher life in which he was made, and not that he has arisen from a lower one, as the skeptic teaches, that his nature has changed, and all his normal functions are perverted. In all his history, away from the influences of civilization, and the refining, and regulating, and elevating powers of christianity, he has ever gone down in the scale; and in proportion as they have influenced him has been his condition. In Edem, he is represented as having the same appearance, and bearing the same marked characteristics and attributes that he has ever done since, with a body erect, and a spirit wonderfully endowed: with a body capable of intelligent labor, and a will, free; and a consciousness recognizing the absolute supremacy of truth and justice and goodness, the highest faculties of the spirit. He is unlike all the other animal kingdom in this, that he does not breed on his near kin, and leave a healthy offspring in these latter times, as he did in the beginning, and for sometime after. The children of our early parents intermarried, which now would be fatal to the race. It is said of him alone of all created things, that "God breathed into his nostrils the breath of life, and man became a living soul."

Exactly what God intended to express when he said, "The day that thou eatest of the tree of knowledge of good and evil thou shalt surely die," we are not sure. But we know this, for the Word so declares it, that a great change came over man as soon as he did eat; he knew and felt what he did not know and feel before; whereas he was blind he now saw. Either what he ate destroyed or changed some of his parts, may be some nerve centre, or called into action parts that had lain dormant, thereby causing a change in the man, and producing new wants in him, and necessitating restraints and supports for him, and a world, changed and cursed, for his residence in which his life could be regulated by physical laws, and his crimes punished according to the penal as well as the moral code.

Life is a manifestation of vital action, varying as to the matter, or group of matter, and to the law of the life impressed on the kind by the Creator. Since matter is indestructible, death is only a change, a separation of parts, a cessation of the vital action in one direction. In man it may be either a change in some of his material parts, making a partial death, or in all of them; or a separation of his spirit from his body, or an estrangement of his spirit from the Spirit of his God, who is a Spirit. In all of these cases, the whole man suffers a corresponding change, his material body taking on new forms and functions, or falling into decay, to again enter into combinations, fit for other uses and places. Matter making her eternal rounds, and the spirit returning to its God who gave it. this great change, or death, was in the day that he violated the law, with results and effects that have been accumulating every day since, as time has worn on.

By the curse he was not only changed, but became liable to disorders, which have come from time to time, depending upon the state of his civilization, his exposure, surroundings, and habits, so that *at best he is only a pathological specimen.*

It might have been that he had not disobeyed, that he

had not eaten the forbidden fruit, for in this matter he was left free. What would have been his condition? We are not informed. It does not yet appear. Yet enough is said of him in his natural condition, his first and highest estate, and in his fallen condition, to give us grounds for conjecture. We think we get some idea of it from what God requires of him in his present state, and the standard of action he gave him after his fall to regulate his life and conduct, from the law and gospel contained in God's holy word, and epitomized by Christ himself, when on the earth. It reads thus: "A new commandment I give unto you, that ye love one another; as I have loved you, that ye also love one another."

From the sacred record it appears that after his fall he might have eaten of the tree of life and lived forever. The Lord God said, "Behold, the man is become as one of us, to know good and evil; and now, lest he put forth his hand and take also of the tree of life, and eat, and live forever, therefore, the Lord God sent him forth from the garden of Eden, and he placed at the east of the garden of Eden Cherubim, and a flaming sword which turned every way, to keep the way of the tree of life." Had man not violated the law he would not have been cursed with death, nor the world for his sake, but have lived on to the full development of all his parts, and may be, to a knowledge of good and evil and to life eternal.

In this connection you will pardon me for quoting from the Inaugural Address, delivered by Dr. William Stokes, at a late annual meeting of the Royal Irish Academy. He says: "The conservation of energy, directive though not creative, in the living organized structure and the chemical affinities in that which is unorganized, show it might be held that a lower mode of life pervades every existing being; but we believe that in God's own time, that higher life which shows itself in progressive organization, and is terminable, will have a different existence, at least, as regards

the human being—one freed from material association, freed from physical influences, and from moral shortcomings. It is believed by thoughtful men that matter is indestructible. May we not find that as it has, in time, subserved the physical, so in eternity it will, when spiritualized, subserve the moral law and thus an undying result will be evolved. It has been written that we 'see as through a glass darkly;' but are there not grounds for the belief that such will not forever be the case. May we not believe that any discovery in development, in structure, in chemical composition, and in electrical and optical character, will be, when related to the property of life, a fuller ray of the burning lustre, by which we approach the footstool of that throne where we shall be permitted nearer and nearer to contemplate the power and the ineffable light of Him from whom comes all life."

The forbidden fruit appears to the Doctor to have been some poison. The part of Adam on which this poison seems to have taken effect was the nerve centres which take cognizance of God and spiritual matters. May be it was on some part of the great sympathetic nervous system, of which we know so little, even in our time, the workings of which are so strange, and the phenomena of which are so unaccountable by any laws known to us. May be under its ruins and broken down parts, if science should ever happily clear them away, may be found records which shall be legible under the combined lights of science and revelation. The mental or reasoning faculties seem to have undergone no change in the fall. There are substances which enter into the system, impress the parts of their selection or parts for which it has affinity, sets up action, and we have a change or disease, which at the end of its periods passes away, leaving the system so impressed or changed that there is nothing in the system with which this element can again enter and combine so as to set up a fresh morbid action. This is strikingly illustrated by all of the contagious dis-

cases. Here there has been a physical change and permanent, and in some cases, of a nature, that all his seed after that time drinks bitter water.

Was there no balm, no physician there? No, none earthly. He had eaten the fruit, he had taken the poison, and it had entered in, and the effect was inevitable. "No atom," I quote from a note taken from Babbage in his Ninth Bridgewater Treatise, by C. P. Marsh, in his work on Nature, "can be disturbed in place, or undergo any change of temperature, or electrical state, or other material condition, without affecting, by attraction or repulsion, or other communications, the surrounding atoms. These, again, by the same law, transmit the influence to other atoms, and the influence thus given extends through the whole material universe. Though action and reaction are equal, yet reaction does not restore disturbed atoms to their former place and condition, and consequently, the effects of the last material change are never cancelled, but in some way perpetuated, so that no action can take place in physical, moral or intellectual nature, without leaving all matter in a different state from what it would have been if such action had not occurred. Hence, there exists, not alone in the human conscience, or in the omniscience of the Creator, but in external material nature, an ineffaceable, imperishable record, possibly legible even to created intelligences, of every act done, every word uttered, nay, of every wish and purpose and thought conceived by mortal man, from the birth of our first parents to the final extinction of our race. So that the physical traces of our most secret sins shall last until time shall be merged into eternity."

The experience of man and the Scriptures teach that we have faculties which relate to other things than the world of sense, or ideas of our own minds; that there is in us something which takes evidence of things not seen, and that rises to higher themes than mere intellectuality; that in some way we hold communion with God, our maker and

preserver. This communion of man and God must be through some medium in man, a nerve, or nerve centre, by which only man knows and feels, on which God makes his impressions as it may please Him. These spiritual impressions made on man by God, give the same sensation, and find this same expression on all the race, the same on the most cultivated and highest order of minds in all ages and countries, as on the most rude and humble. They all know alike that it is God. They know it because they feel it. It is the wisdom of the heart, and they are as conscious of it as of any impression made on any one of the five senses. These faculties, which are the highest of the spirit, are called the spiritual faculties. We cannot locate the moral or spiritual sense, or the faculty by which we take cognizance of spiritual experience. Without this hypothesis, many mental and moral phenomena we see every day cannot be explained. And we think they have been recognized by the greatest men in all ages, who were capable of judging of them, from Moses, the great lawgiver and historian, to Paul the profound thinker of the sacred writers, and by such men as Galileo, Newton, Milton and Young of the profane. In man's first and natural state, we think these senses and faculties were free and unimpaired. He walked with God and talked with Him face to face without a veil, which has not been permitted him since the fall.

How life, in certain forms, has appeared and disappeared at different periods of the world's history, or has been changed or modified, we do not propose to discuss. There are many races which have lived on the earth that are now only known to us as fossils. While races have decreased, the individual has increased, and man more than them all, dominating and making their life as to his; and such as have not been subservient to his civilization, progress and requirements, have disappeared at his coming, while those which could be made of use to him have lived and increased. Even the lower races of men go down at the approach and

contact of the higher types in his progress to a still higher life. They must needs rise with him or die. There was a time when there was no life on this earth. Since its coming, it has undergone great changes. In the earlier periods, it was manifested in the lower forms of animals and vegetables; in subsequent ages, in animals and trees of gigantic proportions, which gave place to those more available to our later civilization and wants.

Length of life is not always an accident, or the measure of it a chance. But few men die a natural death, of old age, but from causes incident to the artificial life they make to themselves, and the violation of the laws of health. Life considered in its physical aspect, and as connected with things of time, is a certain motion of matter directed and controlled by the law of the life of each being and class of beings, always growing and increasing, or else decreasing and decaying, and will run through all its periods and phases until it expend all its forces and end by its own law of limitation impressed on it, in the beginning, by the Creator if left alone unmolested. Its periods too are tolerably well defined, and the parts of each being bears a marked proportion to the other parts, and to the whole body. There is a proportionate relation between man and the animals around him. Man is a problem always subservient to the laws of number and proportion.

It was held by Mr. Buffon, and later by Mr. Fleurens that the European, the Negro, the American, the Chinaman, the savage, the rich, the poor, the man of the country and the man of the city, everywhere and in all races of men, there is about the same measure of life, the same time of growth, and decline, and of gestation, whatever the climate or habits. And, that as to the time of growth, so is the length of life, and, as to the time of gestation, so is that of growth, and the period of gestation depends much on the size of the animal; and that every animal lives six or seven times longer than he grows. For the time of growth, the age

of puberty, he puts at fourteen years. Mr. FLEURENS puts the age of puberty at twenty and the length of life four or five times his age at puberty.

If we examine the geneaological tables of the book of the generations of Adam, we see that Adam's age was 930 years. Further investigation shows us that the average length of the primitive life before the flood was 926 years, which after the flood rapidly fell to threescore and ten. And that the age of sixty-five is the earliest period at which a man is recorded to have become a father, Mahalaleel, a great-great-grandson of Adam. If we take sixty-four years as the age of his puberty we have data from which to calculate as to the probable age and size of men in the earliest times by the rules of our most modern scientists.

Multiply Mahalaleel's age at puberty, which we take to be sixty-four, by six and seven. In the one case it is three hundred and eight-four, and the other four hundred and forty-eight. By this calculation the age of Adams' great-great-grandson was 380 or 448 years, which we take to be about the average age of his time, and about the same as that of Adam. We make this calculation on Mr. BUFFON's law. Dr. DRAPER gives us a law as to the relation of weight and height. He says: "From birth to puberty the mode of life is essentially vegetative, all the instincts having relation to the individual and corporeal development. If a man increase equally in all his dimensions the weight would be as the cube of the height; but since this is not so, the development taking place unequally, the proportion is not observed, and it is found that from the end of the first year to puberty the weights are as the squares of the heights." So that if the age of puberty in Adams' day was 64 and in ours 16, they grew four times longer, and should be four times larger than we are, or twice as high and twice as broad. Or, if we take five feet eight inches as the standard of height in our day, the square of that, eleven feet four inches, should have been the general average in primeval

times. Mr. BUFFON accepts the ages of the primitive men as given by MOSES as true and explains it by the hypothesis, that before the flood the earth was less solid and compact than it is in our day. Since gravity had been operating but a short time, and consequently all its production had less consistency, and the body of men more particularly so, being pliable and susceptible to extension, could grow to a larger size and to a longer period of time. MOSES makes mention that in his day the last of the race of giants, King of Bashan, was killed, whose bedstead measured thirteen and a half feet in length and six feet in width. If the primitive races of men bore the same relation to the least as they do in our day they must have been at least double our size. In every part of the globe, legends of a primitive race of giants have been found existing as common as that of the flood. So that whether we accept the legitimate deductions from the Word of God, or make comparison with the least of the earth, or follow the traditions of men, or be guided by the measurement of OG's bedstead, or yield to the conclusions of the scientist, the conviction must be the same, that the primitive men were at least twice our height and size. The Word, scientific investigation, the observation and traditions of men, all agree that a great change has come over the world and man since the beginning. The skeptic attributes the change to the natural working of matter, the spiritualist attributes it to the violation of the law by our first parents, and the curse pronounced on man and the world for his sake.

With such views as we have intimated, that there is in man a moral sense, spiritual faculties, which maybe before the fall were active and healthy, but which in the fall were broken and effaced and disabled, we are ready to admit a moral insanity, a derangement or disease of the moral senses and spiritual faculties, as we do so readily of the mental. And how in man's varying condition, and the physical changes constantly going on around him, the diseases to

which he is liable may change, or be modified, and even new ones appear and others disappear from time to time; and how the best man is the healthiest and happiest man, and preserved by his integrity and uprightness, may so far regain his original state, and attain to such a degree of perfection that when he passes away from the earth, if go he does and is not, his material body shall not see corruption, as was the case with Enoch and Elijah, and which may have been the case with Adam had he not disobeyed. And how the wicked shall not always inherit the earth, but when the warfare is accomplished, the crooked made straight, the rough places made plain, and the iniquities of men are purged away, the glory of the Lord shall be revealed, and all men shall see it together, and those who have waited upon Him shall renew their strength; they shall mount up with wings as eagles: they shall run and not be weary; they shall walk and not faint.

[B.]

ANNUAL ADDRESS.

BY R. J. HICKS, M. D., WILLIAMSBORO', N. C.

Mr. President, and Gentlemen of the
North Carolina Medical Society:

I must thank you for the honor of selecting me to entertain you on the present occasion. And I ask your indulgence for a short time while I occupy your attention with a few not very well digested remarks—touching some practical points in medicine—confining myself to no special period. Rather than occupy your time with the glories

and triumphs of our profession, which has been the theme of so many occasions like the present, I prefer to say something regarding its errors and absurdities. Just as it is wise to learn from an enemy—*ab hosti doceri*—so we should open our eyes to the vulnerable side of this interesting subject. It is equally as instructive to trace the causes of failure as it is to examine into those that assure success.

No subject engaged the attention of mankind earlier than that of medicine. Nor can it be a subject of less absorbing interest in the future than it has been in the past. For we can look forward to no period where mankind shall be exempt from disease, since the sources of disease exist everywhere. The indispensable air we breathe is filled with noxious matters; the food we eat with morbific products; the very germ from which we are developed brings with it, by inheritance, natural tendencies to disease and to decay. It is not surprising, therefore, that great importance was attached to the early physician, who was supposed to successfully combat this all pervading evil, that he should have been clothed with supernatural powers and placed among the deities, when he disappeared from the earth. Nor are we surprised to hear the father of Epic poetry, a little later, singing,

> "The wise physician, skilled our wounds to heal,
> Is worth more than armies, to the public weal."

For these reasons medicine has commanded the best talents in all ages of the world. But notwithstanding, at every period, it has had to deplore many errors and much absurdity, and has experienced many vicissitudes of honor and dishonor. At one time we find it associated with the priesthood; at another, degraded into an association with barbers. We find the priest in his medical capacity resorting to charms, omens and appeals to the Gods to cure disease; we find the barber, in his capacity as surgeon, summarily disposing of limbs with mallet and chisel. A little later the

physician of education and elegant culture gravely prescribes the precious stones, such as emerald and pearl and others for various maladies. Less than two hundred years ago medical men gave the minutest directions for the preparation of soups, and essences from puppies, from vipers, to which special healing qualities were attributed. Doubtless many poor starving patients were kept alive and found healing qualities in these disgusting articles from the nutriment they afforded, and which, otherwise, would have been denied them. It is probable that the profession of this period is responsible for many vulgar prejudices current amongst the people of the present day. Among some of my less informed neighbors the oil obtained from boiling grub-worms ranks as a specific in Rheumatism. The same article occupies no humble position in the pharmacopœia of the period just alluded to.

Such was medicine when AMBROSE PARE observed that his patients did not suffer from the exhaustion of his boiling oil which he was pouring into their wounds to check the hemorrhage and make them take on the healing process. He now reflected that nature had some resources as well as art. About this time HARVEY also discovered the circulation of the blood, and JENNER gave the world the benefit of his immortal discovery. The human body was examined, and a new era dawned upon medicine. Sydenham, Bœrhaave, Cullen, and a host of others rapidly appeared upon the stage, and an interest and excitement pervaded the profession, not unlike that which philosophy now and then has awakened in the intellectual world. Rival theories prevailed, and diligent search was made for the *materies morbi*—the essence of disease. Sydenham thought he had found it in many of his notions, Cullen in his cutaneous spasm, Brown in excitability dispersed throughout the system, and Broussais in gastro enteric inflammation; others in chemical theories, in vital theories, theories of excess of phlegm, excess of bile, excess of phlogiston fire. It is true,

beyond doubt, that this medical activity conferred upon mankind an incalculable amount of good in discovering better laws of hygiene and means of preventing disease. But it is much to be doubted whether mankind was at all benefitted by the change of treatment. For virtually all theories and speculations led but to one point, namely, depletion. Disease was regarded from every point as an entity, an enemy that had somehow entered the castle and meant death, and must therefore be driven out at all hazards. Let us not wonder then that no half way measures were used or thought necessary. Regular seige was laid to him; his sources of supply were cut off. Blood letting, antimony, mercury and starvation were the favorite and universally applied remedies. The enemy was frequently overcome, but often the castle went down with him. This practice was the legitimate fruit of the prevailing medical views. Notwithstanding the great mortality in violent diseases, it is striking to notice not only the blind faith of the medical lights of this period, but also their unanimity as to treatment. Take up Broussais, Brown, Gregory, Cullen, and others, and the first remedy that meets your eye is, bleed—bleed. It was recommended in Scarlatina, Typhus, Continued Fever, Measles, Small Pox, and nearly all others. To judge from the very sanguinary practice of three-fourths of a century ago, one might not improperly conclude that the sick man did not need blood, and that wherein the sickness failed in bringing about a state of utter wretchedness, the medicines should be made to make up the deficiency. In principle does the practice not resemble that jocularly recommended by a Frechman belonging to Gen. D. H. Hill's staff, in our civil war, with regard to the sick soldier, which was, "Take him, tie him to the caison wheel, whip him good and he will get sick no more." It seemed like punishing one for the dispensations of Providence.

During the revolutionary war I doubt not that the followers of Dr. Rush spilled more blood, if they did not destroy more men, than the British soldiery.

Nor was this practice of short duration; nor is it a thing entirely of the past. I was taught so late as 1856, that the lancet was indispensable in fevers and inflammations; that next to this in importance stood antimony, and that when these failed, our hope, so far as medical remedies were concerned, must be put in the *powerfully* alterative and antiphlogistic influence of mercury, pushed to salivation. Salivation was recommended as a last resort in all diseases, with a few exceptions. When a medical student, I recollect to have seen a classmate, by the direction of the Professor of Theory and Practice of Medicine, for a case of mumps, bled about a pound from the arm, leached by the dozen, and then severely purged. He was a strong plethoric man. It is needless for me to add, that after this treatment, he was a very palid and weak man, and that it required six weeks for him to recover his strength and lost blood. The same young man afterwards lost his life in typhoid fever from a copious blood-letting prescribed by himself. He died in the full faith of his instructors.

It is no easy matter to leave the beaten road and strike out for one's self. It is a very difficult thing to shake from us the shackles of authority, and do those things which are not popular. But this is not the spirit of science. Science accepts no man's *ipse dixit;* it allows no name, however illustrious, to clog the wheels of progress or to perpetuate an error. It tries all systems by a stern reference to facts and figures, and if they cannot stand the test, they are sought to be unceremoniously set aside. This is the spirit that should ever prevail in medicine. Medicine demands at the hands of its votaries, a judicious observation of facts and carefully conducted experiments, such as characterize those of the chemist. It demands not only a scientific knowledge of the effects and capabilities of the remedies we use, but also a knowledge of the natural tendencies of the diseases we combat. Had the medical profession properly appreciated this duty sooner, it might have escaped much disap-

pointment and have been saved the mortification of having to confess itself dependent upon Thomson, Preisnitts, Hahneman, and I might very properly add Perkins, of Tractor fame, for a knowledge of the natural history of disease, its march and its behavior, when left to itself, as well as for the reaction against the fierce blood-letting and polypharmacy of the past. How was it possible, amid the tumultuous administration of a multitude of articles, to distinguish between their effects and those of the diseases for which they were prescribed?

To patient research and careful observation medicine owes the solid foundation upon which it now stands. If not a science, its superstructure rests upon the sciences. It is the combined result of the scientific facts of physiology, anatomy and pathology—the sciences of the human body, in health and in disease—and of botany and chemistry, which supply us with our remedial agents. While it may fall behind the idea of a perfect science, in that its knowledge lacks organization, it passes beyond science in that it receives and recognizes many facts incapable of scientific explanation. We may not understand the nature of Malaria, but we know of its existence and of its effects. Lord Bacon has said, there is a point in our investigations at which nature becomes dumb, and no longer answers our questions. This remark applies as well to the physicist as to the physician. The knowledge we possess is none the less true, for the want of that which we possess not.

If our noble profession be but an art only, the different sciences are its handmaids, and are made to supply it with its methods of study and aids to its progress. Scientific knowledge has given us such valuable remedies as the Hydrate of Chloral, Bromide of Potash, and Ether and Chloroform, priceless blessings—second in importance to vaccination only—which abolish pain and make tolerable the horrors of the battlefield. To science are we indebted for the Atomizers, Aspirateurs, Eccraseurs, Galvanometers,

Speculums, and hundreds of other essential instruments. It has taught us the uses of the microscope, which enabled Conheim to watch the migration of the white corpuscles, revealed many of the mysteries of the capillary circulation, settled many obscure points connected with diseased growths and many important facts connected with inflammation and its treatment. Thus, if congestion, the preliminary stage of inflammation, be due to dilatation of the capillaries, and if this dilatation be due to the want of tone in their coats and connective tissue, and if the escape of some of the constituents be due to this atonic condition, a very different line of treatment must mark our conduct from that which would be proper in a state of intense activity and energy.

A local escape of blood might furnish a mechanical relief, but a general depletion would increase the general atony. This explains how the sledge hammer blows formerly struck at inflammation, failing to cure the local mischief, prolonged the convalescence by giving the patient an additional disease to contend with, a general anæmia.

If the glands of Peyer, by their enlargement and diseased condition, early in typhoid fever, produce a condition of partial inanition, by obstructing the absorption of food, we must be careful on the one hand how we starve our patients, and on the other how we impose upon the digestive organs food beyond the capacity of the absorbents—the excess of which must undergo acetous fermentation, irritate the bowels and produce diarrhœa. We must also be careful how we ascribe certain cerebral symptoms, dependent on other causes, to retention in the blood of ingredients, absent in the excretions, because the materials out of which they are formed have not been absorbed.

Science not only enlightens our pathology and corrects our practice, but it perfects our diagnosis. It teaches us the significance of the morbid changes wrought in the heart and lungs by disease; it enables us to look into the secret chambers of the eye; to examine into the regions round

about the organs of speech, and measure mathematically the changes resulting from fevers and inflammations. It is science that has furnished us the positive knowledge that in high fevers a waste of tissue is going on in the system, equal to that which accompanies the most powerful bodily exertion. The danger is, therefore, from exhaustion. How opposed, therefore, in such cases must the practice of depletion be, not to science only, but to common sense also? It is like hanging additional weights to one who has to climb an unknown height. It is rational, as his present energies are being rapidly expended, not to take away but to add to the materials out of which force is to be elaborated. It is, therefore, scientific to feed and support fever patients according to the capacity of their digestive organs, and not to starve them. Whatever of success Homeopathy has achieved is due to the fact that doing nothing, or letting nature alone in disease, is better, far better than the absurd practice of giving him additional burdens to carry in the form of drugs. For one who has a strong fever to wrestle with, it is better to administer the decillioneth of a grain of opium or other medicine, than to abstract a pound or two of his blood.

These remarks apply also to inflammations, when of sufficient extent to produce fever; and when resulting in a lesion not only must the wasted energies be re-supplied, but plastic material becomes necessary to heal the local branch. Food, the substance out of which the human body is elaborated and developed, is as necessary to heal its injuries, as a patch is to the rent or worn garment

At a period, by no means remote, medical men thought nature unequal to the task of effecting the simplest processes of restoration. They even had great faith in the application of the so-called healing salves to external wounds. The vulgar have not lost that faith yet. But careful observation has taught us that a state of rest, alleviation from

pain, removal of offending matters, and a supply of nourishment, are the proper remedies.

The same principles should guide us in internal as well as external injuries. Yet such is not the case frequently. How often do we see an host of so-called antiphlogestic remedies administered for an inflamed intestine, or an inflamed stomach, resulting from cold, over-loading the part or from eating some crude article.

Nor is our common sense always consulted in the choice of remedies, when under other circumstances they might be proper. Thus, why should nitrate of silver be administered in enteritis when it is decomposed by contact with the first living tissue? And how much more rational is the administration of mercury for its alterative effect or sedative effect, which simply means breaking down still further the blood, perhaps already degraded. In such cases let us give the part rest, as much as possible. Let us remove offending accumulations, but do it as gently as possible, and give nutriment, but in as bland a form as we can, that as the old and diseased tissue is cast off its place may be supplied with new and healthy.

He who purges to irritation in such cases, or on the other hand, locks up offending accumulations against an irritated part, exercises his common sense, not more than one who should move an inflamed joint or retain filthy rags in contact with an inflamed surface. While therefore drastic purgatives have been the cause of death in many of the fatal cases of enteritis, Opium and sugar of lead, irrationally administered, have been the most efficient agents of destruction in those of Dysentery.

Our practice in every case should be clear and distinct and each act should be based upon principle and reason. It is a duty we owe ourselves, as well as our patients, to stop occasionally and ask the question, why this article is prescribed or that line of treatment is pursued. Many of us are little inclined to call in question a practice generally

adopted and sanctioned by high authority. If our patient dies we are not disturbed a great deal when our practice is generally confirmed by that of others. It is sufficient to say that he died *lege artis.*

Trousseau declares it was a difficult matter for him to abandon the practice, which was universally popular in cases of cerebral hemorrhage; but when age gave him sufficient courage to disregard the fashion and follow his own inspirations in these cases, he fed his patients and administered small quantities of wine, and found more of his patients got well and others lived longer. This practice is not startling when we reflect upon the actual condition of things in a case of cerebral hemorrhage. A small portion of blood has escaped from a ruptured vessel and coagulated, and as such, is as truly a foreign body as a bullet lodged in the brain. Yet who would think of bleeding and purging and salivating in the latter case. The sensible surgeon would remove the foreign body, if practicable, then place his patient in a state of absolute rest, attend to his general condition and necessary wants, and leave the balance to nature. Upon what rational grounds should the principles of our treatment differ in cases of apoplexy?

It should be a matter of no regret or reproach to any one to depart from a practice whose sequel is general death, whether standing in the relation of cause and effect or not Recently two cases of Puerperal Fever fell under my care. I confess I had not the courage to thrust the lancet into women already worn down and exhausted by the severe trials through which they had passed. Trusting to large doses of opium and quinia I had the satisfaction to see them both recover. The records of the past bear ample testimony to the terrific mortality of this disease, and with singular unanimity, up to a very recent period, agree that safety exists at the point of the lancet only, and this too in the face of the fact that heavy losses of blood previously furnished no safeguard against a subsequent attack. Gil Blas proposed

to his worthy preceptor to abandon the lancet and hot water in their practice, seeing, as he wisely remarked, they could do no worse since all their patients died. A very proper question for these gentlemen to have asked themselves.

Drugging without a clear perception of its indications is seldom otherwise than mischievous. Mankind has been drugged too much. A prescription that contains less than one-half dozen different articles seldom finds its way to the druggist. I have known a large dose of quinia administered for drunkenness. I have known a dose given for an injury to the knee. I have known a copious bleeding directed for a blow. I have seen men badly salivated for remittent fever. Tradition tells of a prominent physician in my section whose favorite prescription in all fevers was nitrate of potash 10 grs., tartar emetic ¼ gr., calomel 1 gr., to be administered every two hours. If the case became threatening, 30 grs. of calomel were directed for some mysterious influence it was supposed to have over fever. It is also told of the same eminent physician that upon one occasion, when seated at the table with his father-in-law, an eminent judge, his clerk, for his practice was so large as to demand the services of a clerk, asked him what became of a particular patient for whom he directed a particular prescription. The reply was, he died, accompanied with the demand, in an irritated manner, why he asked the question? The reply was, that he was curious to know what became of him as others who had taken the prescription generally died. In a spirit of rebuke the judge remarked it was a very proper question, and with such results his practice should be closely scrutanized, if not abandoned. Statistics show that the average mortality is generally maintained in Cholera, Small Pox, Yellow Fever, and many other zymotic diseases, however diverse or conflicting the treatment, showing that it was useless, if not mischievous, and that whatever blows may have been aimed at these diseases, must have been aimed in the dark. De Alembert tells a very

pleasant story in which the physician, with a club, is represented as finding disease and nature engaged in a close combat. In his eagerness to end the conflict he blindly lays on with his club. If he strikes disease he kills that; if he strikes nature he lays it out.

In much practice of the past and no little of the present, this story finds a fitting application. When the way is not clear, it is better to trust to hygienic influences.

The true physician carries with him other remedies besides drugs, which I by no means intend to disparage. The public think his duty is simply to give physic. He has obeyed his vocation and earned his reward just as effectually when he has prescribed good food for bad, pure air for impure, comforts for discomforts, and surrounded his patient with cheerful and hopeful circumstances instead of depressing, even when he has lifted a burden from the oppressed mind.

In 1874, a friend and myself were called to attend a young lady who was having convulsions, her family anxiously expecting each one to be her last. Some obscurity about her symptoms caused us to partake of that anxiety, but when the case became clear, vigorous efforts were made with valerian, Assafœtida, and the usual routine, but in spite of our drugs the convulsions continued, giving the family no rest day nor night. Finally, careful investigation brought to light the fact that her delicate nervous system had been unhinged by a little affair of the heart. It was ascertained that a neighboring fair one, by superior charms, had diverted the attentions of the favored lover. The shock was too great. She fell under the blow, and there was no balm for her outside the returning smiles of the fickle admirer, which did more to check the fearful disorder in ten minutes than our drugs had done in ten days. In such cases you had as well throw physic to the dogs.

Woman is endowed with a more sensitive organization, a frailer and more delicate form, a higher and more suscep-

tible nervous system than man. She is, therefore, subject to a series of nervous disorders peculiar to herself. These are often the result of simple mental impressions, frequently the result of serious organic changes. In the latter what permanent good can come of anti spasmodics and so-called sedatives? Remove the organic disease and you cure the nervous disorder.

In the former class of affections, the advice of Shakspeare is in advance of the profession:

> "How canst thou minister to a mind diseased?
> Pluck from the memory a rooted sorrow;
> Raze out the written troubles of the brain;
> Cleanse the stuffed bosom of that perilous stuff that weighs
> heavily on the heart?"

For such, drugs furnish no sweet oblivious antidote. Therein the patient must minister to herself, aided by different surroundings, cheerful company, the encouragement and sympathy of friends and her own mental resolves.

Blind faith in the specific capacity of different drugs to cure particular diseases has dictated not only positive but also negative mischief, and has frequently substituted a worthless and inert practice, where energy and vigor were demanded. How often has acetate of lead been prescribed in active hemorrhages from different organs, not locally but constitutionally. Opium might do good to the extent that it promotes rest; but how can a minute quantity of lead or other astringent received into the stomach, taken up into the general circulation, perhaps after certain chemical changes, dissolved and carried to the heart, divided homeopathically, distributed in infinitesimal doses to the minute capillaries, to find its way through the general circulation to the bleeding orifices, and by constringing them, put a stop to the escape of blood? Of course, the whole capillary system must be constringed in the same manner, which would mean a general condensation of the body of the pa-

tient. In cases of danger, before such an effect could be reached, the patient must die. Mechanical or other applications directly to the part, if practicable, are the only sensible and effective means.

Vicious theories cloud the perceptions and retard progress. Laennic blindly pursued the popular theory of inflammation, when it resulted with a mortality of over fourteen per cent. in pneumonia only. A simple observation of facts led Bennett into an opposite line of treatment in the same disease, and the result was, a loss little exceeding three per cent.

A lingering echo of the same plausible theories still dictates the bandaging, the purging and starving of women, while in the puerperal state. The old woman who recommends a drink of whiskey for her tired and exhausted sufferer, for I will not apply the term patient to one going through an entirely physiological and not pathological process, is much nearer right than the physician of the receding school. How manifestly absurd it is to suppose that a condition of debility or weakness less disposes to inflammation than that of strength.

Medicine loses nothing by being confined to its proper limits, and by being assigned only powers which it clearly possesses. A vast number of diseases are uncontrolled by medicines. There are no specifics for them, as the vulgar suppose. The duty of the physician consists in sustaining the patient, alleviating his sufferings and guiding him safely on his perilous journey to health. But there are other diseases which can be combated successfully with antidotes, confirmed by experiments as positive as those of physical science.

The aspiration of medicine is to add to this list in its broadest sense, as comprehending the laws of prevention as well as neutralization of disease.

In conclusian, I may remark that no ordinary qualifications are absolutely necessary to the true physician. The

public should know that he who is a failure in other pursuits, must not expect to succeed in medicine. Notwithstanding the fact that the principles of medicine as of other sciences, are simple and not numerous, a more difficult and responsible profession cannot be selected None is more exacting of its votaries, none requires more common sense, more tact, a better balanced and a more discriminating mind. The medical man deals daily with every phase of humanity under the ever changing lights and shadows of health and disease. He is ever laboring, but seldom arriving at the exact truth, which he is ever pursuing, and realizes all through his course that genuine progress is the result of repeated efforts and many failures. He has more than once reminded me of the chess player, who, with care and laborious forethought, proceeds to attack his opponent, but frequently, when success is almost within his grasp, some weak point is developed and the victory is lost. Nothing daunted, forewarned, he hopes to be forearmed, and in opening the contest again by strengthening his weak points, avoid the previous trouble. Frequently he is successful, frequently other troubles arise, and thus he continues through life, full of responsibility, full of care, alternately buoyed up by successes and cast down by failures.

But let not the modern physician despond or be discouraged. He belongs to a glorious profession, whose recent achievements in scientific progress are wonderful, and with a more glorious future spread out before it. Let him not surrender himself to systems, but in the broad field of fact and scientific thought, let him be an independent worker, and scorn to belong to that vast tribe

> "Whose souls are serfs among the free,
> While others nobly thrive,
> They stand just where there fathers stood,
> Dead even while they live."

[C.]

REPORT OF TWO OBSTETRIC AND PUERPERAL CASES.

CASE I.—UREMIC ECLAMPSIA, INDUCTION OF PREMATURE LABOR, PUERPERAL PERITONITIS, &C.

June the 23rd, 1874, about eleven o'clock, A. M., I was requested to see Mrs. A———, aged thirty-two years, primipara, and in the eighth month of gestation.

I found the lady on her bed in a semi-recumbent position, with a chair and pillows at her back. She was tremendously swollen over her whole body from an œdematous infiltration; especially marked in the face and lower extremities. She had a dull, heavy and stupid expression of countenance, her eyes were almost closed, her lips darker than natural, her face had a dirty, puffy, leaden appearance, her breathing was somewhat hurried, her pulse nearly normal as to frequency, but full and strong, and yet she assured me that she had no pain in the head, but rather a feeling of fullness and heaviness. Her bowels were constipated, and she was passing very little urine.

Here was evidently a case of uræmic toxicæmia, with kidneys and lungs congested, heart laboring and brain stupefied already to a very considerable extent.

It was not convenient for me to bleed the woman at the time I saw her, therefore I prescribed an active cathartic, and also Bitartrate of Potassa in teaspoonful does every four hours, to be alternated with the following diuretic mixture. viz.: Acetate of Potash, half ounce, Tr. of Digilatis, three Drachms, and water sufficient for four ounces. Tablespoonful every four hours.

Circumstances prevented my remaining with the case, but before I left I gave her mother to understand that I feared convulsions in the case, told her that I thought ve-

nesection would become necessary, and advised her to send for her family physician.

In the meantime I met Dr. HILL and told him what I had prescribed for the patient, and also expressed the fear that he was going to have a case of eclampsia to contend with.

Dr. HILL was not sent for until about four o'clock P. M., of the same day, and when he arrived, found the patient with all the symptoms before mentioned, much more aggravated, lips very blue, severe pain in the head, greater difficulty of breathing, which he described as a panting for breath. He bled her from the arm to the extent of *twenty-eight ounces*, and continued the treatment already prescribed.

The patient experienced great and immediate relief from the venæsection, and even while the blood was still flowing she said: "Doctor, my head is better. I can see more distinctly, and I can breathe so much easier." And she afterwards said the relief afforded by the bleeding to her head, and to the blindness, and the dull heavy pain about her eyes, was so sudden and so complete, that it reminded her of the "gliding pictures of a magic lantern, or the changing scenes of a passing panorama."

After the bleeding she sat up in bed and talked freely and cheerfully with her friends and remained in many respects greatly better until nearly day of the 24th, from which time she gradually grew worse, with an exacerbation of all the untoward symptoms heretofore described, until about twelve o'clock, when she had a terrible convulsion. Dr. H. was immediately sent for, but did not see her until two o'clock, P. M. She was now breathing very badly, her lips and face were almost black, pulse more frequent, heat of skin greater, more insensible, and when roused complained of severe head-ache.

During the night of the 23rd she had very copious alvine dejections, but she did not pass more than an ounce of urine; in truth, from the time I first saw her, until two

o'clock of the 24th, she did not pass more than three or four ounces of water.

She was now bled again *pleno vivo* to the amount of *twenty-eight ounces*, with most certain and immediate good results. The breathing instantly became greatly better, the pain left her head, and it is worthy of note, that during her whole subsequent sickness she had no pain in the head after the second venæsection.

Towels wrung out of icewater were applied to her head, and the other remedies were continued until five o'clock, P. M., when we saw her in consultation. The same treatment was continued, and a decoction of scoparious, together with the sweet spirits of nitre, was added to the other diuretics.

On the morning of the 25th, we both saw the patient, and continued to treat the case together. She had passed an uncomfortable night with some fever and restlessness, but had had no other convulsion. In the evening of the same day we found her decidedly worse again. Her face was of that dark, heavy, leaden hue, so common in such cases; her tongue was dark and flabby; her pulse frequent and feeble, and her breathing as bad as at any previous time She had complained of blindness several times during the day, had passed no water since we saw her in the morning, and she was ever and anon talking with the flighty incoherency of delirium; ever and anon "talking she knew not why, and cared not what."

We introduced the catheter and drew off only an ounce or two of thick, turbid urine, which upon testing with heat and nitric acid, we found to be very highly albuminous. Our patient was evidently in imminent danger of death, and we decided upon the induction of premature labor as the best, if not the only, chance for saving her life. In accordance with this determination we endeavored to introduce a gum-elastic bougie into the womb, but in this we were foiled, probably for want of dexterity, possibly for other causes which need not be mentioned, however, no matter

what was the cause of failure, try it in any manner we would, with the woman in different positions, we could not succeed, consequently we resorted to other means. We noticed upon examination that the *os uteri* was sufficiently open to admit the end of the finger, and that the parts were soft and dilatable, consequently we departed from the orthodox rule, gave her at once a full dose of the fluid extract of ergot, introduced the finger slowly through the os, and with the finger-nail, scratched a hole through the membranes. Immediately the liquor amnii escaped in large quantities, but our patient was absolutely panting for breath, and her face was as black as the fabled shades of Erebus. We were now in a dilemma, and hardly knew what to do. There are many who would have said, "give nature a fair chance, rely upon the *vis conservatrix*," but nature and disease together were not doing to suit us, so we opened the vein in her arm again and abstracted *ten ounces* more of blood, and she was evidently relieved again by the depletion, because the color of her face was better, and her breathing was less labored immediately after the venesection. Labor came on speedily, progressed favorably, and in less than four hours after the rupture of the membranes, she was delivered of a living child. The child however only lived about twelve hours after its birth.

During the whole of the day of the 26th, the patient was delirious, with high fever, pulse 140 beats per minute, skin hot and dry, abdomen very tender and very tympanitic, kidneys not acting, and breathing hurried and labored.

We prescribed Norwood's tinc veratrum viride, free doses of brandy, and a pill composed of opium, quinine, and a small quantity of calomel, and also applied stupes of spirits turpentine and sweet oil over the surface of the abdomen.

The 27th was passed with no perceptible change for the better, until late at night when she passed a pint or more of urine, (just 48 hours after her delivery,) after which, she seemed more comfortable and slept quietly and sweetly.

On the 28th, we found her more rational, her pulse controlled by the veratrum, and all the symptoms more favorable.

29th. Patient still improving, perfectly rational, abdomen less tender and less tympanitic.

From this time her improvement was rapid until the fourth day of July, when she was discharged, and we are happy to add, is now in the enjoyment of excellent health, notwithstanding the loss of sixty-six ounces of blood.

REMARKS.

In the above case, and also in the one which follows in this report, we freely grant that our use of medicines amounted to polypharmacy, and for the sake of peace, (and in honor of one of our friends who is not *partial to mercury,*) we admit that the use of calomel was perhaps not called for, yet I do think that our great anxiety for our patients should be regarded as some slight excuse for the *nimia cura medendi.*

We will not yield so much in respect to the lancet. The immediate relief afforded by each bleeding in this case, was apparent not only to the patient herself, but to all her attendants as well as her physicians. It was prompt, speedy, and effectual as a *mechanical* or *palliative means of relief.* After each venesection, the face assumed a more natural expression, the mind became clearer, the breathing freer, and the pain and fullness in the head, and the dimness of vision less troublesome, in fact, there was no pain in the head after the second bleeding. I think that the abstraction of blood did, for the time, really "supplement the action of the kidneys" by removing blood from the circulation which was so highly "charged with the active poison, urea," and by removing a portion of this poison, did, to that extent, take away from the general system the *actual materies morbi.* The brain, the lungs, the heart, and the kidneys were all relieved for a time of the load which embarrassed them, and a new

lease was given to life which could not have been secured so speedily in any other way. Still I am persuaded that, that which was a dernier resort. the induction of premature labor, was the most permanent, if not the most potent means of relieving the congestion of the various organs, the convulsions, and the whole train of evils which resulted therefrom.

Doubtless it would have been better had we resorted to this measure sooner, yet we would not have been justifiable in doing so before we had tried other means less hazardous to the life of the child. Of one thing, however, we are fully satisfied, that this woman would have died long before labor was induced, *had we not bled her.*

Perhaps it may be a matter of wonder to some that she did not die from the loss of *sixty-six* ounces of blood, besides the amount lost in labor, and that to-day her eyes are bright, and her cheeks *red with the ruddy glow of health*. nevertheless, *such are the facts!* I very honestly think that many such patients die, who, when they need bleeding and are bled, are not bled enough, at the same time I am ready to grant that venesection is not necessary in all cases of eclampsia.

CASE II.—LINGERING AND PREMATURE LABOR. ECLAMPSIA FROM URÆMIA, POST PARTUM HÆMORRHAGE, PERITONITIS, PHLEBITIS, &C.

On the evening of the 20th of July, 1874, Mrs. B———, a young married lady, eighteen years of age, and pregnant with her first child, was attacked with slight pains indicating the approach of labor, some pain and a sense of fullness about the head, drowsiness, and a feeling of agitation, and general indisposition.

She sent a messenger immediately for her Sage Femme, who was no wiser than these wise women generally are.

For a month or more before this, Mrs. B——, had been very much swelled, her kidneys had not been acting well, she had at times suffered from vertigo, and other uncomfortable feelings about her head, yet she had not regarded these symptoms as at all serious or unusual, and consequently had permitted most precious time to go by without consulting a physician. In her ignorance of danger she felt secure, and none of the family were at all uneasy about her, until a late hour of the night, when the lady had greater pains, a sense of greater fullness in the head, dizziness, blindness, buzzing in the ears, etc., etc.

Dr. Hill first saw the case, and when he arrived, having ascertained that her bowels had been freely acted upon, bled her from the arm about eighteen ounces, applied cold to her head, and remained with her until morning.

She continued to have feeble grinding pains throughout the night, and all the next day until between three and four o'clock P. M., when the pains became somewhat more severe, and she had a most terrible convulsion.

As soon as the Doctor arrived he removed the bandage from her arm and let her bleed about twelve ounces more.

After the convulsion passed off, he put the patient under the influence of chloroform, and kept her more or less under its influence, until I was called to see the case with him, which was an hour or two later in the evening of the same day. He had also given a teaspoonful of the fluid extract of ergot, and informed me that there was nothing wrong in the position of the child.

Upon examining the patient per vaginam, I found a natural presentation, vertex in the first position, and the mouth of the womb dilated to about the size of a silver quarter of a dollar, soft, flabby, and easily dilatable, and a small bag of water beginning to protrude. The os tincæ was not at all sensitive to the touch, and I could not provoke anything more than a very feeble action in this manner.

We agreed fully as to the treatment which had been pursued, and now decided to continue the chloroform, if necessary, and the ergot, and we gave one-fourth of a grain of the sulphate of morphia hypodermically. The labor progressed slowly but favorably until about nine o'clock at night, at which time she was delivered of a still-born and premature child, which had the appearance of having been dead some days.

I had my left hand upon the fundus of the womb as the child was passing through the straits of the pelvis, and I endeavored to grasp the fundus through the abdominal walls, while the placenta was being removed, using both hands, and I was struck with the flabby or doughy feeling of the parts. I could not feel the fundus, still I kept one hand pressed down and firmly grasping where I knew it ought to be. The lady was not unusually fleshy, yet we never did feel the womb contracting down firmly, in truth, the sensation imparted to our fingers was a flabby, doughy, boggy feeling, and we never could define the outlines of the fundus, or even feel it moving by contractions under our hands. Dr. Hill remarked that the uterus contracted very feebly upon his hand. We gave more ergot, and kept up the frictions, and the pressure over the hypogastrium, but in spite of these means the abdomen rapidly enlarged, our patient became very pale and cold, with a distressed or pinched expression of countenance, a frequent and feeble pulse, and was bathed in a cold and clammy sweat.

The hand was immediately introduced into the womb, the clots turned out and a hand kept firmly grasping the fundus as long as the hand was kept inside of the womb, but as soon as it was removed the same boggy feeling came on again, and the fundus was lost in an undistinguishable chaos. A folded towel wrung out of ice water was applied to the lower part of the abdomen, and the pressure still kept up with the hand.

The womb seemed now to be in a state of absolute inertia,

and our patient fast approaching complete collapse. We applied the binder tightly over the wet towel, and gave brandy and ergot freely.

I should have mentioned that the pillows had been removed and the foot of the bed elevated when the flooding first began.

The hemmorrhage went steadily on, and in a very short while her womb filled again, and her abdomen appeared almost as large as it did before the birth of the child, in the mean time the escape of blood externally was by no means inconsiderable.

Our patient was now as white as a marble statue, her extremities cold and clammy, her pulse gone at the wrists, the action of her heart scarcely perceptible to the ear. She was extremely restless and thirsty, her breathing was nothing but deep drawn sighs, and her mind was wandering.

We gave her more brandy, turned out the clots again, and injected a solution of the persulphate of iron, diluted with five parts of water, by means of a Mattson's syringe, slowly into the womb and kept up the pressure as best we could A lump of ice was also introduced as far as it could be inserted.

These means had a most happy effect in arresting the flooding, and under the influence of warm applications to the feet and limbs, and free doses of brandy, a considerable reaction was slowly established, nevertheless, the womb never did contract firmly, and we could never feel any round, firm ball in the hypogastrium, and one of us watched constantly by her bedside during the whole of the night and the greater part of the next day.

During the two following days, there was a very slow but gradual improvement in our patient's condition, except a growing tenderness and meteorism of the abdomen, and a swelling of the left leg. We prescribed tinc. of veratrum viride to be alternated with free doses of opium, and a small portion of calomel internally, and also stupes of spts of tur-

pentine to the abdomen. The veratrum did not have any effect upon her exceedingly frequent and feeble pulse, yet she seemed cheerful and hopeful, and we left her late at night trusting that her general condition was more encouraging.

Between one and two o'clock next morning Dr. Hill was hastily summoned to our patient and found her speechless, pulseless at the wrists, and well nigh dead. The work was all undone; there had been another fearful gush of blood. Cold was again applied and thirty drops of squibbs extract of ergot was injected under the skin on the inside of each thigh. There was no return of the haemorrhage after this, but all through the day, Friday, the lady grew rapidly worse. Her abdomen became terribly tympanitic and tender on pressure, her left leg very much swollen and motionless, her tongue heavily coated, her thirst very great and her restlessness extreme. Her pulse was now too feeble and too frequent to be counted, and she was perfectly delirious.

Some of the remedies before mentioned were still continued, but alas! alas! without avail, for soon her face assumed the hippocratic expression, her nose grew sharper, her body colder, her breathing more labored, the beating of the heart more feeble, the death-rattle in the throat grated harshly for a short while upon our ears, the death damp settled upon her brow, and at 2 o'clock, Saturday morning, she closed her beautiful eyes forever, "in the deep stillness of that dreamless state of sleep, that knows no waking joys again on earth," and we thought of the words of the poet, Halleck,

> And death is terrible—the tear,
> The groan, the knell, the pall, the bier,
> And all we know, or dream, or fear,
> *Of agony, are his!!*

REMARKS.

Several questions very naturally present themselves in

connection with this case, but we can now only consider a few of them. Does the use of chloroform in labor ever predispose the patient to *post partum* hemorrhage? Many of the best authorities believe that it does not, and have so taught, yet from my own limited experience, I am very strongly inclined to the opinion that it does, and I think it very unreasonable to suppose that a remedy which so effectually converts and relaxes muscular action should withhold this peculiar power so far as the muscles of the uterus are concerned. It is the general opinion that ether produces complete muscular relaxation, and that the use of chloroform is never attended with a like effect, but this cannot be true, since if chloroform be carried to a certain point, even that hollow involuntary muscle, the heart will cease to beat, and many cases are reported, in which the pains of labor have been entirely suspended by its use and have not returned again until the patients came from under its influence. Barnes, speaking of the use of chloroform in obstetric operations, says, "You must then carry the anæsthetic further, to subdue all *voluntary* and *involuntary movements*, and to lessen the reflex irritability of the uterus. Then, but not always, you will secure *passiveness* moral aud *physical* on the part of the patient; the *uterine walls will relax*; they will no longer resent the intrusion of the hand. These advantages are not indeed always obtained without drawbacks. A perfectly flaccid uterus indicates considerable general prostration, and *predisposes to flooding*."

If it produces this effect when given to the surgical extent, will it not produce like effects to a greater or less degree, according to the extent to which it is administerd?

If it relaxes the muscles of the uterine walls to any extent, no matter how little, does it not to that extent predispose to post partum hemorrhage? I believe so, clearly and I greatly fear that the chloroform used in this case was a most potent factor in predisposing to the flooding which followed, and I more particularly incline to this opinion

since the most troublesome hemorrhages I have ever had to deal with have followed the use of this remedy.

Yet in this case it was given to control the convulsions, and the patient never had a convulsion after she was brought under its influence; still whether this fact was owing entirely to the chloroform or in part to the subsequent loss of blood, is a question; however, in a like case, I would without hesitation resort to chloroform again.

We did not resort to the transfusion of blood, nor to the compression of the abdominal aorta, because neither procedure was practicable under the circumstances which surrounded us.

We had in this case peritonitis, and probably metritis, and also phlebitis of the veins of the left leg.

Were these inflammations the sequence of the injection of the persulphate of iron, or were there any other probable causes which may have produced them?

We believe that she would most certainly have *died from the hemorrhage* during the night on which we used the injection, had we not resorted to it. We did resort to the usual remedies for arresting hemorrhages, without success, before we resorted to the persulphate, and yet I fear that the remedy which saved her then, kindled the flames which eventually consumed her. However, we made an honest effort to do our whole duty by our patient, and it is a consolation to know that there were very many other causes, entirely beyond our control, which may have given rise to these inflammations, and it is a consolation to know that a great many, perhaps the majority of the highest authorities, both in this country and in the old, not only sanction, but advise the use of injections in such cases.

Fordyce Barker (than whom we know no better authority in America) advises the practice and uses the solution of the persulphate, diluted with an equal quantity of water. The injection we used was diluted with five parts of water.

Dr. SELL, of New York, says that it is constantly employed at the University of Vienna with satisfactory effects.

Among very many others who advise the use of injections may be mentioned the following distinguished names: BARNES, PLAYFAIR, BRAXTON, HICKS, WILLIAMS, KEITH, CHAMBERS, &c. BARNES recommends the practice very highly, but tells us that "it is still regarded by most practitioners as a dangerous innovation; not sufficiently reflecting that *hemorrhage is more dangerous still.*"

We had tried less potent remedies in the case without effect, our patient was absolutely bleeding to death before our eyes, consequently we resorted to that remedy which has *saved many a life*, and which gave promise of arresting the flooding *most speedily* and *most effectually;* and we will resort to it again in every other case of the kind in which death appears so imminent.

Yet I do not doubt that a much safer manner of using such astringents is by means of swabs, or mops of cotton, saturated in the solution and introduced into the womb.

At the same time the styptic cannot be so thoroughly applied, nor can its effects be so speedily secured by the swabs, as it can by being slowly injected, hence I think the injections more suitable where we must act promptly and arrest the flow *at once, or see the patient die.*

[D.]

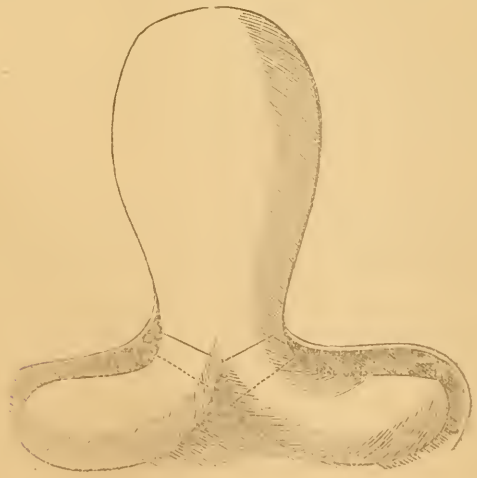
HYPERTROPHIC ELONGATION OF THE LABIA OF THE CERVIX UTERI—AMPUTATION—RECOVERY.

BY M. WHITEHEAD, M. D.

MRS. C., married, aged 39 years, the mother of five children, the youngest three years old, consulted me for a sup-

posed "falling of the womb," as she termed it. The history given was, that soon after "getting up from the last confinement she suffered from pain in her back and loins, a sensation of dragging and weight about the pelvis, fatigue from walking, leucorrhœa and inability to lift the least weight. She had been advised by a midwife to use astringent vaginal injections. That she did so without benefit. About twelve months ago her womb "came into the world," as she expressed it, whenever she stood up or took the least exercise; that for sometime she was able to replace it when lying on her back, but that for the past four months she had not been able to do so.

An examination revealed extensive hypertrophic elongation of the labia of the cervix uteri. The neck protruded from the vulva, with the anterior lip curled up on the pubis and the posterior on the perineum, presenting to the eye the appearance of the Snop-Dragon flower. The body and neck of the uterus measured over four inches, and the hypertrophied labia quite an inch and a half each, and were fully three quarters of an inch broad. There were two or three abrasions on the labia, caused by friction, which gave considerable pain in walking or sitting.



The accompanying sketch, taken from Byford, will give some idea of the extent of the elongation. She was informed that confinement in the horizontal position for sometime, and amputation of the hypertrophied labia would be necessary for her relief. She very readily consented.

On the 9th December, 1874, assisted by my friends, Drs. SUMMERELL and CALDWELL, (Ether being administered to complete anesthesia,) I removed the hypertrophied labia with the knife and scissors, performing SIMS operation, not being prepared to operate with the Galvano caustic wire. The dotted lines on the sketch will show the point of amputation. The hemorrhage was very great for a time, requiring the application of the actual cautery for its arrest from the posterior stump. As soon as all bleeding ceased, the flaps of mucus membrane were drawn over the stumps and secured by silver-wire satures, a piece of lint wet in a weak solution of Persulphate of Iron applied to each, the uterus replaced well in position, and the vagina was packed lightly with cotton lint. After giving hypodermically half grain of morphia, she was placed comfortably in bed. On the morning of the 11th, I removed the packing and pieces of lint and syringed out the vagina with a tepid weak solution of carbolic acid. Daily syringing of the vagina, an occasional dose of morphia hypodermically, with full doses of quinine and rest in the horizontal position, constituted the principal part of the after treatment.

When the sutures were removed a large portion of the stumps had healed, but on the part not healed, exuberant granulation sprang up, requiring an occasional application of nitrate of silver to effect cicatrization. When she was first permitted to stand up and walk I found that owing to the relaxed condition of the walls of the vagina and the ligaments, due to the long continued displacement of the uterus, the fundus was disposed to fall back into the concavity of the sacrum. A properly adjusted Hodges open lever pressary worn until the tonicity of the parts was restored, re-

moved this difficulty. The operative and after treatment in this case accomplished all that could be desired. The uterus now measures $2\frac{3}{4}$ inches and the pessary is not needed to keep it in position. I have reported this case because of the infrequency with which this form of Hypertrophy is met with in our rural districts.

In an active professional career of thirty years, with no small amount of Gynecological practice, neither I or my friend, Dr. Summerell, have ever been called upon to treat a case before. Nor do I remember to have seen a case reported by any physician in North Carolina.

CASE II.—HYDROCELE IN THE FEMALE.

Maria L., a very respectable colored woman, of Salisbury, married, aged 40, four months advanced in her twelfth pregnancy, consulted me on the 2nd March, 1875, for a tumor in the external genitals. The history of her case, as given, was that about fourteen years ago she noticed a small tumor in the upper part of the left labium anogus about the size of a hickory nut. It did not give the slightest pain, and on firm pressure would disappear for a short time. It continued to enlarge very gradually and now from its large size *alone* interferes with locomotion and prevents the discharge of her domestic duties. Hence her desire to be relieved.

An examination showed a large tumor somewhat pyriform in shape, resembling a large distended scrotum, with absence of the penis, in the male. In fact, from a casual examination of the parts, it would not have been possible to say to which sex she belonged, so completely was the vulva covered up. From the absence of all signs of inflammation the gradual development of the tumor without pain or constitutional excitement, absence of resonance on percussion and all the signs of Hernia and the sense of fluc-

tuation, my diagnosis was that very rare malady, "Hydrocele in the Female." My friend, Dr. Summerell, visited the patient with me, and agreeing in the diagnosis. We concluded on account of her pregnant condition to perform the palliative operation for Hydrocele, and attempt the obliteration of the sac by methodical bandaging. I drew off with a hydrocele trocar nearly fourteen ounces of a thin, dark, turbid liquid, which after standing a short time showed twelve ounces of a dark; brown fluid exactly like that seen in cases of hydrocele in the mole of long standing. Compresses wet in a solution of Mur. Ammonia in Camphor water (20 grs to the oz.,) were applied, and a firmly adjusted figure of eight bandage over them to be renewed daily for two weeks constituted the treatment. This served to obliterate the sac, and the tumor has not returned. The left labium is now a very little thicker than the right.

The literature upon this form of disease is very scanty. Vulpeac says: "Scarcely any attention has been paid to Hydrocele in woman until during the last half century," and continues, "that an attentive examination of the principal sub-divisions of this question has long since convinced me that it stood in need of further investigation."

Prof. T. G. Thomas says: This affection is one of such variety in the female that its very existence is commonly ignored and mention of it is rarely made by systematic writers." In Chelies System of Surgery, South has the following note, when writing of congenital Hydrocele. "Closely resembling hydrocele of the vaginal process in man is the congenital hydrocele in woman, in which, by the collection of water in the peritoneal sheath of the round ligaments, a swelling is formed which passes through the inguinal canal into the lower part of the *labium pudendi*, and is at first returnable, but afterwards is not so."

Gray, (Descriptive and Surgical Anatomy,) "in describing the anatomy of the round ligaments, states that they are enclosed in a duplicature of peritoneum, which in the

foetus is prolonged in the form of a tubular process for a short distance into the inguinal canal. This process is called the Canal of Nuck. It is generally obliterated in the adult but sometimes remains open even in advanced life. It is analogous to the peritoneal pouch which accompanies the descent of the *testis*.

Prof. THOMAS, condensing an article from Cruvielhier Anatomy, says, these ligaments which are analogous to the spermatic cord, do not end in the *mons veneris*, as was formerly supposed, but passing downwards enter the labia majora and distribute their filaments within the dartoid sacs, which extend like glove fingers downwards towards the four chitte. When the Canal of Nuck remains open, not only may the intestines descend, but even the ovaries may pass down making an attempt to enter the dartoid sacs, and imitate the entrance of the male testis into the scrotum. Cases of hydrocele of the round ligaments are found reported by SCARPA, DESAULT, SOLLEMAND, and others. SCANZONI states that "Bends distinguishes three varieties of watery tumors of the external female genitals, which, in a pathological and anatomical view, correspond to hydrocele in man." These are a diffuse or œdematous hydrocele, the seat of which is in the inguinal canal, and which can only be a serous infiltration of the cellular tissue of the round ligaments, while congenital or peritoneal hydrocele is formed by a collection of liquid in the Canal of Nuck. Finally, the encysted hydrocele in which the liquid is contained in a sac entirely closed, which is sometimes a simple cyst of recent formation, and sometimes is the result of a prolongation of the peritoneum, and shows itself in the form of a tumor in the inguinal canal, in the pubic region, or in the labia majora.

I have only seen the reports of three cases in our Medical Journals. One by Dr. Bennett, of Danbury, Conn., in the *N. Y. Medical Record*, November, 1870. One by Dr. Hart. in the *American Journal of Obstetrics*, May number, 1871, and the other by Dr. Baxter, of Chattanooga, Tenn., in the Feb-

ruary number, 1875, of the *Southern Medical Record.* Dr. Bennett was the only case in which a correct diagnosis was made before operating. In the case reported by Dr. Hart, the patient was operated on for strangulated hernia. Notwithstanding the only symptoms of incarcerated hernia, was a tumor situated above pouparts ligament, and in the direction of the inguinal canal, and *the patient had vomited once.* When the sac was laid open, after quite a formidable operation, three ounces of a clear limpid fluid spirted out, resembling hydrocele fluid, and at this stage of the operation the supposed hernial tumor disappeared. Dr. Baxter first diagnosed hernia and attempted a reduction. Failing and the tumor giving a slight sense of fluctuation, he made up his mind that it was an abscess, "and without more ado," proceeded to open it. To his surprise he found a serous fluid (instead of pus) enveloped in a sac. He never for a moment suspecting hydrocele, or allowing it to enter into his differentiation.

In the language of Dr. Bennett, "this case is only important from its rarity, and the fact that most physicians are not aware that hydrocele can or ever does occur in the female, and my object in reporting it is not to record any achievement in surgery, but to call the attention of physicians to this subject, and thereby prevent mistakes which might be attended with disastrous results.

CASE III.—OPERATION FOR FISTULA IN ANO WITH THE ELASTIC LIGATURE.

In the month of March, 1875, I operated with the elastic ligature on a very delicate young lady of a phthisical family, for fistula in ano, of three years standing. The drain and the constant annoyance of the discharge were affecting seriously her general health. The external opening was one and a quarter inch from the verge of the anus, the in-

ternal just above the external *sphincter ani*. Introducing an elastic ligature one-sixteenth of an inch in diameter, through the track of the fistula with an eyed probe, slightly curved, it was drawn down, well stretched and securely tied. Bathing twice a day with cold water was the only treatment directed. On the 6th day the ligature came away, and in a few days the fistula was healed. The operation gave but little pain, not requiring an anæsthetic, no blood was lost: she was not confined to her bed, the suppuration was reduced to a minimum, and the cure was rapid. She is now perfectly well and in better health than for years. The operation certainly has all the advantages over the knife claimed for it by Allingham in the forty cases lately reported by him in the Medical Press and Circular.

[E.]

INSULATION OF BEDS IN RHEUMATISM.

BY J. J. SUMMERELL, M. D., OF SALISBURY, N. C.

In an article read before the Central Ohio Medical Society, and published in the Philadelphia Medical and Surgical Reporter, Jan. 16th, 1875, Dr. P. M. Wagenhals gives his experience of the treatment of Rheumatism by insulating the beds of his patients. Without offering any explanation or theory as to the *modus operandi* of the procedure, he gives a flattering account of the result of the treatment.

He asks his brother physicians to make trial of insulation and report the result of it in their hands. So I report these three cases—the only ones in which I have insulated rheumatic patients, which lead me to believe that the treatment is worthy of further trial:

CASE I.

Annie C., eight years old, severe attack of rheumatism of the joints of the lower extremities, and one shoulder; usual symptoms, pain, soreness, restlessness, swelling of the joints, fever, corded pulse; just such a case in short as in former days would have been bled freely without hesitation. I saw her first on 18th Jan , three days after her seizure. I gave a full mercurial purge to relieve her bowels, which were confined, and put her upon what is called the alkaline treatment, as advocated by Dr. Fuller, with opium to relieve pain and procure sleep. After three days treatment the patient was in every particular improved.

At this time I read Dr. Wagenhal's article mentioned above, and determined to give insulation a trial in this case, which I did at once by a glass tumbler placed under each bed post. I continued the other treatment. The next day there was quite an improvement in every respect, pulse reduced in force and frequency, less pain and soreness, and less fever. Continued the treatment with an addition of ten grains of quinine, in three doses the next day, three hours apart.

Two days after this, she was quite comfortable and in seven days after insulation was commenced, she was able to walk about the house; and her convalescence was speedy and satisfactory.

CASE II.

W. W., a lad of 12 years old, after much exposure to cold and fatigue on the farm, was taken Feb. 6th, with a chill, followed by high fever, pain and tenderness in the lower limbs and joints. I was called in on the following day and found him with all the symptoms of acute rheumatic fever. Ankles, knees and one hip were the points of attack. He could not be moved in bed without suffering excruciating

pain. I commenced the treatment as before, and insulated his bed at once. Next morning medicine had acted freely, he had slept after the exhibition of Dov. Powder, and he was decidedly better; could move his joints a little without pain. In forty-eight hours he could get up to the chamber-pot without aid, and all rheumatism disappeared in a few days from the joints. This improvement of the limbs was followed by pain in the region of the bladder, and retention of urine, which was relieved by the catheter for three or four days, when the pain in the bladder subsided, and the functions of that organ were again established. Tonics and mild diuretics and diluents constituted the after treatment. There was however no pain in the joints after the first three days of *insulation*. I used but little opium in this case, as it did not act well with him.

CASE III.

I visited on the 3rd of April, in the country, Mary B., aged 14 years,, with acute rheumatism of the ankles and knees. Had been sick four days, pain and some swelling in the joints, but not so acute as the other two cases; pulse ninety in the morning, fever pretty high in the evening. I commenced the treatment, as before, with a purgative, followed by Dov. Powder at night; left quinine for morning exhibition for two days; directed the joints to be rubbed with stimulating anodyne liniment, at the same time insulating her bed. I did not visit this patient again. In three days after my visit the father came to my office and reported her much better. little pain in the joints, had missed her evening return of fever, and was in every way comfortable. I continued the quinine in reduced doses for three or four days, directed the bowels to be kept open, and a Dov. Powder at night if necessary. Her father told me afterwards she was up about the house in a week after my visit.

The convalescence in all three cases was prompt, and

the result so much more satisfactory than usual, in such cases that it looked to me as though insulation had something to do in bringing it about. But as to the why and wherefore, I shall leave that to some one better acquainted with electrotherapeutics than I am, hoping that in due time the whole action of electricity may be made plain to every mind.

I REPORT ALSO A CASE OF LOSS OF THE SCROTUM BY PHLEGMONOUS ERYSIPELAS.

During the winter and spring just past we had more cases of erysipelas than usual, and some of great severity. Our chief reliance in the way of treatment was the muriated tinct. of iron in doses of twenty to thirty drops every four hours with the liberal use of sulph. quinine. Stimulants were required in the severe cases, and mild cathartics and laxatives to keep the bowels in a soluble state. Locally we used tinct. iodine, lard and cotton finely carded; and in mild cases liquid cuticle (etherial solution of gun cotton.)

J. K., a pauper at the poor house of this County, aged 80 years, was attacked with severe erysipelas of the scrotum on March 9th, after remaining in a mud hole, into which he had fallen, for an hour or two. He was taken up, almost frozen, and conveyed to a house near by where he remained six days, when he was again removed to the poor house. He had no treatment up to this time. I found him very weak, pulse small and the scrotum a gangrenous mass, and the line of separation between the dead and living tissues well marked. I at once removed the whole of the scrotum, and ordered poultices of red oak bark, and generous and supporting treatment. In a few days the whole of the dead tissues were removed, the parts cleaned off and healthy granulations sprung freely from the edges of the dermoid

tissue, and the dartos surfaces left bare by the slough. Weak solution of carbolic acid, and mild stimulating unguents, constituted the local treatment; and quinine, iron, whiskey and a plenty of nutritious food, the general and constitutional treatment.

Under this course of management the scrotum was reproduced sufficiently to cover the testicles, and the patient at this time is quite well, and the condition of the parts satisfactory.

A similar case occured in my practice about twenty-five years ago in the person of a farmer, 55 or 60 years of age. I was then relatively a young practitioner, and was at a loss to know what disposition to make of the denuded testicles dangling loose between my patient's legs. The case had rather a gloomy look so far as the preservation of these important organs was concerned, and the operation for their removal occurred to my mind as a procedure that might become necessary. I was conservative, however, and waited to see what would happen, and was abundantly rewarded for my patience. For soon I perceived that reparation was going on, and in a few weeks, my patient's testicles were closed in by a scrotum, and though of rather scant pattern, it has answered the purpose of a covering with a small amount of inconvenience for the balance of life. For the benefit of those who feel any curiosity to know how the increase of the family was influenced by the loss and reproduction of tissue, in this case, I state that the wife gave birth to two children afterwards, and there is no doubt but that the husband was the father of them.

I report these two cases for the benefit of the junior members of the profession, for I well remember how my first case bothered me, and how anxious I was as to the safety of my patient's testicles. I went to my library then a very small affair; I consulted with the more experienced medical friends I met with, and borrowed any books from them that might throw light on the case. I found nothing to suit my

case. Indeed, at that day, nothing had found its way into the text-books to enlighten the young practitioner, and even to this day the treatises on surgery and medicine are not as full as they should be on this matter. As a somewhat exhaustive article on this subject, I refer the interested reader to the November number of *New York Medical Journal*, for 1852, prepared and published, I believe, at my suggestion, by my friend, Dr. F. D. Lente, of Cold Spring, N. Y.

[F.]

REMARKS ON TYPHOID FEVER AND THE COLD BATH.

BY THOS. S. DUFFY, M. D., OF RUTHERFORDTON, N. C.

We are told by Plutarch that a physician named Philotus, in an argument with a brother of the profession, silenced his antagonist with the following sylogism: "There are some degrees of a fever in which cold water is good for a man; every man who has a fever has it in some degree; and therefore cold water is good for every man in a fever."

This took place about thirty years before the birth of Christ, and is one of the earliest intimations we have that the use of cold water, in the treatment of pyrexia, was known to the ancients. Of late years the attention of the profession has been called to it by able men in Europe and America, and it is likely, from the weight of evidence in its favor, to become an established practice. I was first led to a favorable opinion of the cold bath in fever, by personal experience. When a resident of Newbern, a few years before I became a member of the profession, I was peculiarly susceptible of malarious impressions, and had several attacks of bilious remittent fever. But during the last year of my residence, I adopted the practice of taking the cold shower

bath every morning and evening, with the effect of securing a complete immunity from this disease. In 1845, when it was still the custom to send the farm products of Rutherford to the malarious districts of South Carolina, for sale, intermittent fever was occasionally contracted and was often found difficult of removal; but with full doses of quinine and the shower bath, an hour before the expected paroxysm, I never failed to prevent a recurrence of the invasion. The patient stood in a tub, having hot water in it, while receiving the shower, and on being removed to bed, was surrounded with artificial heat. I have used the remedy in the various typhoid epidemics of the last twenty-five years, and with such success as leaves me in no doubt as to its value.

In September, 1855, I was called by General Leventhorpe to a consultation with the attendant physician in a case of typhoid fever, occurring in a large athletic negro, aged thirty. He had been ill for three weeks; venæsection had been practiced twice, the abdomen blistered, and calomel given, ineffectually, with a view to salivation. I found, on examination, a strong, quick, throbbing pulse, parched mouth, the tongue trembling when protruded, *subsultus tendinum*, and that peculiar temperature of the surface well described as *calor mordax*. How these formidable symptoms were to be combatted was now the question. Another blood-letting was proposed, and it was considered as essential that ptyalism should be induced. The custom of the day would have justified these measures. My experience had taught me that there was another way by which the hearts action could be reduced and the temperature lowered. I proposed the cold bath, and after some discussion, it was decided to give it a trial. A pail of water was brought fresh from the well, and the patient, naked, placed in a chair. I stood a few yards distant, dipped a tumblerful of water from the bucket and threw it with force on the chest. I continued to throw the water over him in all directions, pausing every now and then to observe the effect, till the measure was exhausted.

During the process he became thirsty and drank cold water twice; the pulse came down to a moderate beat; the surface became cool, saliva flowed into the mouth, and he expressed himself as feeling greatly relieved.

The bath was repeated in three days with benefit. He had taken a great deal of medicine during the first period of his illness, and little was needed now. Cooling beverages, light diet, quinine and mild aperients when required, constituted his treatment. Convalescence took place about the thirty-fifth day.

The epidemic of 1874 afforded many cases of interest; among these may be first mentioned the case of Mrs. D., aged 52, of Henderson county, whom I visited on the 8th of June. She had been more than three weeks confined to bed. On examination at 5 P. M., the temperature was found to be 103½ degrees fahrenheit, pulse 92, respirations 30. An hour later, while I was conferring with Doctor Allen, the physician in attendance, a violent paroxysm came on; the upper and lower limbs were painfully cramped; there was coldness and shivering, nausea and hurried breathing. The free use of stimulants and morphine, active friction of the extremities, mustard to the abdomen, and the external application of heat relieved her from this condition. Quinine, wine and soup were given in such doses as could be borne, but next day there was a recurrence of the paroxysm.

June 10th, 8 A. M., temperature 103 degrees, pulse 88, tongue brown and dry. After regulating the treatment, Doctor Allen returned to the village, and I also proceeded homeward, but had not gone far till I was recalled by a hasty message. I found the patient in another paroxysm. Hot applications, frictions and stimulants once more produced reaction, followed by extreme prostration. At this time the thermometer in the shade indicated a temperature of 88 degrees fahrenheit, yet it was impossible to take off any of the redundant bed clothing, owing to an extreme

sensitiveness to cold, amounting to hyperæsthesis. A bad day was passed. I considered the case carefully, knowing that it was impossible for me to remain another day, and at the same time feeling how unsatisfactory it would be, after coming so far, to return home without giving relief.

At 9 P. M. the prospect had not improved, temperature 103½, extreme sensitiveness to cold, with a disposition to keep too warmly covered although perspiring. It was evident that this condition could not continue with safety; a change was necessary and the cold bath was resolved on. Owing to extreme debility, it was advisable to draw as little on the strength as possible. The underclothes were removed by cutting them open. The patient was directed to remain passive. Blankets folded, were laid on the floor; on these she was carefully placed, the head resting on a pillow. A pail of water fresh from the spring was ready at hand. This was alternately dashed and poured from a height over her, pausing at intervals to enquire how the operation was borne. In the meantime the bed on which she had lain for weeks was carried out of the room, and a fresh, well dried one put in its place.

It was a matter of surprise to every one how well the shock of the bath was sustained. When sufficiently cooled, she was lightly dried and put back in bed. By next morning improvement had commenced, and she remarked that last night's rest was the best she had had since her illness. The temperature had fallen to 102 degrees, pulse 84, and there was a slight disposition to take nourishment. The paroxysms did not return. Quinine, in tonic doses, was prescribed, with wine, soup, milk, and any other nutriment, of a light character, that might be desired. Convalescence was slowly established, but it was many weeks before the power of locomotion returned.

This lady consulted me in March last in regard to tape worm, fragments of which she had recently and for the first

time voided. May not this throw some light on the anomalous symptoms that complicated the typhoid attack?

Eight cases of typhoid fever occurred in the family of John E. M., a resident of the town. The first, a daughter, aged 18, after a violent illness, died on the eleventh day. I had not an opportunity of seeing this case. The others were affected in various degrees of intensity, and all lying sick under the same roof, at the same time, formed an interesting group. It would be tedious to give a detailed account of the treatment adopted with these. I shall consider it sufficient to note the most prominent symptoms, and the remedy that appeared to have greatest weight in the several cases. Calomel had been given freely before I saw them, rendering the further use of this drug unnecessary.

The father, aged 47, was taken ill on the 11th of July. I saw him for the first time on the 22d, at 11 P. M., in consultation with Doctors Craton and Harris. There was great nervous dullness and apathy, temperature 103 degrees fahrenheit, pulse 84. He was at once placed in a chair and water, at a temperature of 60 degrees fahrenheit, dashed and poured over him in the way already described. By next day there was an increase of nervous energy, and the temperature had fallen to 101 degrees. The bath was not repeated. Quinine, wine and nourishment, with an occasional aperient, bore him safely along to convalescence, which took place about the 28th day, but it was many weeks before he could go abroad.

The eldest son, a tall, vigorous young man, aged 21, was the next case. I saw him on the fourth day. He had been treated with mercurial medicines, and the bowels had been well acted on by purgatives. On the 24th of July, at 8 A. M., his temperature was 103, pulse 110. The cold bath was given, by immersion, in a large metalic bathing vessel on this and the two following days, but he continued to grow worse. On the 27th, quinine was given in ten grain doses every four hours, with the effect of reducing the temperature

to 102½, and the pulse to 86. On the 28th, the quinine was continued, the temperature falling to 101⅛ and the pulse to 84. On the 29th there was another change; temperature 103½, pulse 84, with three intermissions, respirations 31, face flushed; delirium. He had not slept in the last twenty-four hours; had been violent in the night; called for his pistol and attempted to force his way out of the room. The quinine was now discontinued, and half an ounce of French brandy given every four hours, strong soup given in the intervals. 30th, 9 A. M. Temperature 103½, pulse 92; had three actions on the bowels in the night; the face is less flushed and he is rational. 31st, 8 A. M. Temperature 102⅛, pulse 84; has been sleeping, and is decidedly improved.

Maderia wine was now substituted for the brandy, and much attention given to sustenance.

Several changes occurred after this, the temperature often rising to 103 and beyond, but always under control with the cold bath. Strength was rapidly regained after convalescence, which took place the 28th day.

The case of Adolphus, aged 10, was very obstinate; the cold bath had little effect; temperature 104, with catarrh and mucus rœle. The effectual remedy in this case was tartar emetic; two grains in two ounces of water; a teaspoonful every hour in a third of a wineglass of water, till the stomach became sick, and he threw up; then discontinued the remedy till next day. The fever went down under this treatment, in conjunction with the tepid bath, and convalescence followed on the 28th day.

James, aged 16, temperature 103½, was greatly benefitted by the cold immersion bath, which was given every day for ten days, sometimes twice a day; quinine, wine and soup. Convalescence 28th day.

Annie, aged 13. Temperature 102. Treated with the cold bath, quinine, wine and soup. Recovery on the 21st day.

Mattie, aged 14; a very grave case, the temperature

ranging from 103 to 105½, low delirium; debility. The cold immersion bath was given on several occasions; quinine and soup by enema; wine every four hours; no favorable turn up to the twenty-first day. On this day the temperature was 105½ at 10 P. M. She was lifted out of bed and placed in a cold bath for twenty minutes. On being returned to bed she gave indications of collapse. The greatest vigilance was required to prevent a fatality. Blankets were spread over her, jugs filled with hot water applied to her feet; bottles filled with hot water, held by an attendant, in the hands, and artificial heat applied at the spine and wherever else it was available; wine was given frequently, a little at a time. At length reaction slowly set in, warmth returned, the superfluous covering was gradually removed, and she rested well through the night. At 8 A. M. next day the temperature had fallen to 102; there was some appetite, and the delirium had left her. Convalescence in this case was protracted beyond the 35th day, and it was more than two weeks later before there was ability to walk.

Ada, aged 10, the last case. Temperature, when first seen, 103 degrees. There was no untoward symptom. One dose of calomel and one emetic, at the beginning, were given, then quinine, and later wine. The cold bath was not used in this case. Convalescence took place on the 21st day.

The case of Julia, aged 11. She had been complaining several days before I saw her. November 13th, temperature 105. Two emetics and two doses of calomel were given. On the 15th and 18th she was immersed in the cold bath, but without improvement. She continued sleepless and restless, with occasional low delirium. On the 20th, at 8 P. M., the temperature had risen to 106 degrees. I had a chair placed in the bathing tub and she was seated in it. Water, at a temperature of 60 degrees, fresh from the well, was repeatedly dashed over her, till no shock was felt; then it was slowly and at proper intervals poured over her, a little at a time, till she was thoroughly cooled. Five grains

of quinine were given every three hours through the night. By next morning the temperature had fallen to 100. There was no further trouble, and under the usual supporting treatment she convalesced by the 21st day.

In the account of these cases I have, as much as possible, avoided prolixity, and consequently, many minute and important matters in the treatment have been left out. My object has been to give prominence to the cold bath as a remedial agent, which, when well timed, and properly used, has no equal in removing the morbid conditions consequent on excessive temperature. I prefer exhibiting it in the manner I have described, the shock coming first with nervous reaction, then the pouring process carried far enough to dissipate all superfluous heat.

It is best not to use the cold bath at the beginning; depletion, to some extent, is first necessary. The upper passages are generally loaded with vitiated secretions from the liver and neighboring organs; hence emetics do much good. I usually commence with tartarized anatomy, three grains dissolved in half a pint of cold water, the whole taken at one draught. As there is commonly thirst, this large drink is not objected to. Later in the attack I use ipecac whenever there is oppression with hurried breathing, or ill-defined uneasy sensations about the stomach or bowels. Under these conditions, in the epidemic of last year, bile in incredible quantities was voided; in some cases the system seemed to be literally flooded with it, while in others the phenomenon was not observed.

Calomel may be prescribed with discretion, during the first week, when there is only essential disease to contend with. My experience satisfies me that recovery is more assured where this medicine has been administered, under proper restrictions, than where it has been wholly omitted. It has great effect in controlling the functional disturbances of the first period of fever, but later it is inefficacious, and

in the latter stages, when secondary inflammations have been set up it is in the highest degree pernicious.

The cold bath may be given on the fourth or fifth day, and repeated as occasion requires, followed or supported by quinine, that other great antagonist of hyperpyrexia.

These observations properly terminate here, as it would be inconsistent with the plan of this article to pursue the question of the general treatment of fever beyond the point arrived at.

[G.]

A CASE OF STRYCHNINE POISONING, WITH RECOVERY.

BY L. JULIEN PICOT, M. D., LITTLETON, N. C.

Upon the morning of the 9th of March, 1875, I was called hurriedly to see Mr. R. H. M. The messenger said he had come only to satisfy his wife, and thought it would be useless to go to see him, as he would be dead before I could reach his house, which was three miles distant. I started at once and rode rapidly all the way. I was met at the gate by one of the family who said Mr. M. was dying. I found him in terrible convulsions. His head was drawn down between the knees, the thighs were flexed upon the abdomen, the legs upon the thighs. The muscles all over the body were knotted, and felt almost as hard and resistant as wood. The upper lip was curled to the nose, while the lower one was drawn to the chin. The face presented a horrible grinning appearance, unlike anything I had ever seen before. He showed no sign of consciousness, and uttered a peculiar groaning, which sounded something like a person trying to vomit. Large beads of cold sweat covered the forehead. The entire body felt cold and clammy. He

had been in this condition for about an hour. I did not know what was the matter. Tetanus, Hydrophobia and Strychnine presented themselves to my mind in rapid succession, but I had no time to compare the point of diagnosis. I knew that his pain must be intense, and it was my first duty to relieve it. The importunities of his wife were distressing. I gave him a hypodermic injection of three grains of morphia, which was already weighed in one quarter grain doses, ready for use. This, in a few minutes, perceptibly diminished the frequency of the convulsions, but not their violence. In one of the intervals between the convulsions he whispered—poison! This was the first time he had spoken. I was satisfied then that it was strychnine. Thinking it probable that some of the poison was still in the stomach, I gave him at once an emetic of warm salt water, mustard and ipecac. Before he vomited I gave him another hypodermic injection of two grains of morphia. In about five minutes after this he vomited freely, and the pain and convulsions gradually ceased. I then gave him the whites of a dozen raw eggs. I now commenced a search for the strychnine, which was found in his pantaloons pocket. It was in a one-eighth ounce bottle marked "Strychnine," with the usual "crossbones and skull." About one-sixth of it was gone. I left him a grain of opium to be taken every hour until he should go to sleep. I ordered him to be fed on the whites of eggs, milk and cream exclusively. I called next day and found him weak, with his stomach excessively irritable. I prescribed Bismuth Sub. Nit., which relieved it. There was some muscular twitching after this for a few days, but no other sign of the strychnine poisoning.

[H.]

CHILBLAINS.

BY W. T. ENNETT, M. D.

On the morning of Feb. 8th, I was called hurriedly to see a patient; the messenger saying, at the same time, it was useless for me to go, as the patient would be dead before I reached the house, it being about seven miles, but to satisfy the family he insisted on my going. On reaching the house I found a bright little boy of two and a half years sitting in his father's lap. On questioning the family, I found the history of the case to be as follows, viz:

Late in the afternoon, of Feb. 7th, the father rode out. He was in the habit of taking his little son with him, but this time he thought it too cold, and left him. Little George finding his father gone put off to find him, he missed the road and strolled into the woods. His mother thinking he was with his father thought nothing of the child's absence, until about dark, when the father returned without him, not having seen him at all. The alarm was immediately given, searches made, fires built over the woods, but to no purpose; next morning, about 9 o'clock, one of the parties had his calls answered by little George, who jumped up and asked where was his papa. His bed was in a low, damp new ground, with the undergrowth all cut down; his shoes and stockings frozen perfectly stiff, and his dress like ice. He was brought to the house and I sent for.

On examination, I found the lower extremeties very much swollen, the joints anchylosed, as it were, his hands and arms swollen, but not to the extent of his feet and legs, his little ears were like icicles, but notwithstanding his condition he was bright, ready to eat his breakfast, and was very sensitive to the touch. If you remember, that was the coldest night of the season, and the coldest that had ever been

seen by our oldest citizens. Little George was thinly clad, short dresses, but had a flannel waist next to his skin. I ordered him undressed, and the only noticeable feature was, the redness of his entire body, looked as if though he had been subjected to the heat of the hottest fire. I had him saturated with a mixture of carbolic acid and glycerine; ordered quinine regularly three times daily, to keep his bowels regular, with a little oil, and left him, promising to come again, if I could; I would not give a prognosis until reaction could take place. I heard from the child every day, improving all the time. The only inconvenience it gave him he could not use his limbs at first, but in one week he had as good use of them as ever; he had no fever from the first, no pneumonia, and not even to a common cold, and something more remarkable to me is, that neither the toes, fingers or ears skinned, or sloughed, nor had he any eruption on any part of the body.

[I]

REPORT OF A CASE OF SYPHILITICS LESION OF THE BRAIN.

BY FRANCIS DUFFY, M. D., OF NEWBERN, N. C.

The following case is reported as an illustration of the obscurity of many cases of that wide spread malady syphilis as well as of the difficulties encountered in the diagnosis of such cases.

G. W. B., a colored man, aged 38 years; occupation, bartender; while at his business, was suddenly seized with a convulsion, fell and remained unconscious some minutes. He was taken to his house and was able to walk in with some assistance. He continued to have convulsions at in-

tervals of two or three hours of an epileptiform character, seizure being sudden, muscular movements violent, head bent backward. There was no biting of the tongue, no violent scream, no frothing at the mouth, but some noise, a sudden gasp, succeeded by others less noisy. He was completely unconscious, remaining so from half an hour to an hour, during which time he was bathed in perspiration. He would regain his consciousness sufficiently to answer questions, and express his wishes imperfectly, but at best his faculties were benumbed.

After about three days, convulsions ceased. About this time, decided dullness and bronchial breathing were observed over a part of the right lung, although up to that time, there was no cough, and in fact nothing which led me to suspect lung trouble. Later there was cough, bronchial rales and a tough yellowish pneumonic expectoration. Notwithstanding the cessation of convulsions, and afterwards the partial clearing up of his consolidated lung, he continued to grow worse, pulse more feeble, and frequent rising from 120 (when first seen) to 140 per minute. Temperature, at first visit, was above 100 degrees, and continued to rise, but was not observed to be higher at any time than 103 degrees.

Throughout the course of his illness he passed his urine and fœces, for the most part, involuntarily, especially as regards the act of urination.

On the ninth day after his confinement to bed, and fifth after the cessation of convulsions, he died. I succeeded in getting the consent of his friends to a partial post mortem examination, which was made. Drs. J. B. Hughes, G. S. Attmore and Charles Duffy, Jr., being present, the lesion causing his death was, as will be seen, satisfactorily ascertained.

The following history of this case was obtained from different members of his family, and is probably not very accurate and certainly not full. About five years ago he was seized with convulsions, similar to those of his last attack,

which, with intermissions of varying duration, continued about forty-eight hours. After the cessation of convulsions he was at this time confined to bed about two weeks, after which he resumed his business. He had other convulsions at other times, having had two about two weeks before the seizure which terminated fatally, but was not confined to bed on account of these. About two years ago he had an ulcerated sore throat which was very intractable. It was believed by Dr. Charles Duffy (who treated the case) to be syphilitic. He was treated with iodide of potassium, and with that drug combined with the bichloride of mercury, still the ulcer did not get well for a long time. The tonsils were excavated and soft palate destroyed. There were no other appearances indicating syphilis, and he strenuously denied having had venereal disease, except that he had once had a "running" from his urethra, but had never had a bubo. His gums were swollen and spongy and teeth loose. He had taken a considerable quantity of mercury when the remedy was more fashionable than at present, but it did not appear that he had ever taken it continuously or systematically, or that his physicians had suspected syphilis. He had been married about fifteen years at the time of his death. His wife is healthy, has never had a miscarriage, has had five children at irregular intervals. The first one of these died of "Headfall" a few days after its birth; the others seem robust. One has had a "breaking out," which has disappeared. This one and another have had enlarged glands about the neck. It is well to remark that there seems to be some admixture of the blood of the white race with this family, as enlarged glands so often occur in such cases. There are now no appearances of hereditary syphilis among the children.

The patient had been troubled with a discharge from the ear sometime before I saw him, and his hearing was impaired. It was impracticable to examine the drum, owing to the deficiency of light, great impatience on being

examined in any way, and necessity of keeping him quiet. He had frequently of late complained of pain in the head, and especially at night. His family history did not present any case of convulsions or of diathetic or hereditary disease.

With such a history the diagnosis could not be clear, however we decided that it was most likely a case of syphilitic brain lesion, and accordingly treated him on that hypothesis, the correctness of which, it is believed, was demonstrated by the post mortem examination.

On making a transverse incision across the vertex, and reflecting the scalp anteriorily and posteriorily, three reddish eroded spots were visible, one on the frontal bone, one on the occiput, and one on the right parietal bone. There was a slight thickening of the periosteum, over the caries spots on the parietal and occipital bones, the caries being superficial. While on the frontal bone, about the middle line, the caries had entirely perforated the skull. This lesion presented externally a small cup-shaped depression about a third of an inch in diameter, so shallow as not to have been observed until the scalp was reflected. On removing the calvarium, the anterior lobes of the cerebrum were found considerably eroded on each side of the longitudinal fissure, (chiefly on the right,) at the point corresponding to the carious perforation, but of much greater extent, being about one and a half inches in diameter, and one-quarter of an inch deep, and covered with pus. There was no undue amount of serum in the arachnoid cavity or ventricles. The vessels of the piamater were intensely injected with blood. No other lesion discovered.

The physicians present were all of the opinion that the lesions were of syphilitic origin. The character of the lesions described could not have been ascertained during life. The work of Professors VanBuren and Keyes says, "he must be a good prophet who will, with certainty, predict the lesion to be found as occasioning a given nervous symptom." In point of fact, the most careful post mortems, by highly

qualified persons, have not revealed any lesion in some cases of death from syphilis, viz: the so-called syphilis of the brain and cord, *sine materia.* The diagnosis in these cases being made from a well marked syphilitic history, the exclusion of other affections, and the fact that these same patients have recovered from former attacks presenting the same symptoms, under the anti-syphilitic treatment. In all probability some cases of this sort exist without presenting such characteristic symptoms, and consequently are unsuspected. In the case under consideration, the greatest doubt was, as to the probabilities of the patient having been excessively mercurialized at some remote period, his gums being spongy and teeth loose at the time he was attacked with ulceration of the palate. But in that case also, Iodide of Potassium was indicated. I am not aware that such lesions as have been described have occurred from the use of mercury, except in patients who have also been poisoned with syphilis, notwithstanding the statement, not long since current, that a German Professor knocked out the minute globules of mercury from the dry bones of a subject who had sometime been excessively mercurialized.

Another source of doubt was the possibility that inflammation of the middle or internal ear had extended to the brain, as it appeared that he had been having some difficulty with that organ. But in that case syphilis might have been the cause. In alluding to these two possible sources of error in diagnosis, I am not to be understood as supposing the subject exhausted.

There is a point in the treatment of this case which may be worth mentioning, viz: the apparently beneficial effects of gelseminum in arresting the convulsions. As has been stated, he was put on anti-syphilitic treatment from the first, 10 grains of Iodide of Potassium every three hours, bowels being constipated, a purgative dose of calomel with a little Ext. Col. Comp. was administered, and this assisted by a stimulating enema. Some chloroform was administered by

inhalation, and bromide of potassium and chloral hydrate given. Cold applications to the head, with counter-irritation at the back of the neck, still he had convulsions until the first ten drop dose of Fluid Ext. of Gelseminum was given, when they ceased.

There is one clinical fact of much importance in connection with syphilis, that is, that its constitutional effects are often met with in more or less unmistakable forms when no history can be obtained of the initial lesion. More especially will this remark apply if we regard the classic "hard chanchre," as the only initial lesion of syphilis. There are a number of well known reasons why this should be so. Among them may be mentioned the incapacity of patients for describing such lesions, especially the more obscure sort. Then the more dissolute may not be only forgetful, but false. In the case of which I have given an account, there seemed to be no reason for suspecting deception on the part of the patient. The question arises, did he become infected at the time he had the running? If so, was it an internal chanchre without a bubo, or was it the "true syphilitic gonorrhea," to which Dr. Gross alludes in his address before the American Medical Association, at Detroit? The number of different ways in which constitutional syphilitic infection occurs, seems to be still undetermined.

Dr. Gross says of the syphilis of the Sandwich Islanders, "The primary affection almost invariably manifests itself in the form of a soft, simple, or multiple sore, and suppurating bubo, furnishing auto inoculable pus." He also speaks of contamination from sleeping in beds and wiping on towels that are infected. And further, of a wide-spread prevalence, that "it could only be accounted for upon the supposition that it was an endemic affection, capable of being communicated by other methods than by sexual intercourse." After these assertions we may well be prepared to treat anything which is of a syphilitic appearance, whether or not we are able to get the usual history. As to the facts

of syphilis, we may consider ourselves able to state what are the probabilities, venturing cautiously on possibility, and regarding its range as of wide extent, presenting much unexplored territory open to future investigation.

[K.]

REPORT FROM THE CHAIRMAN OF THE COMMITTEE ON THE SOURCES OF VACCINATION.

BY THOS. F. WOOD, M. D., WILMINGTON, N. C.

At the Fourteenth Annual meeting of this Society, held in Tarborough, I presented a crude paper on the "Non-identity of Vaccinia and Variola," and it was then thought of sufficient importance to appoint a committee to examine the question *de novo*, the Society doing me the honor to name me as chairman. Like all such large committees appointed to do special work, where individual observations are absolutely necessary, it has failed of its object. I have only one report from a committeeman, viz: Dr. THOS. E. WILSON. Eight years have since elapsed, and what little work has been done, I come to present as a special report, for which the committee then appointed is in no way responsible.

It will be as well to recapitulate some of the points I attempted then to make, because in the lapse of eight years, subsequent study of the subject has, in no material way, altered opinions then expressed.

1. Cow-pox is a disease *sui generis*.

2. Cow-pox cannot be artificially produced by the inoculation of the cow with small pox virus.

Since the time of my former paper, I have not had the opportunity to attempt the variolation of cattle, but I have gathered opinions of others. By extensive correspondence,

I have elicited reports from non-medical men, on cases supposed to be cow pox, but out of that number, perhaps not more than one was a clear case. There was a case discovered in Beaugency, in 1866, by Dr. Depaul, Director of Vaccination at the French Academy of Medicine, which has made a new epoch in the history of vaccination, but of this case more hereafter. It is hard to conceive how one case could have a more important bearing upon the history of any disease.

DOUBTS OF THE EFFICACY OF VACCINATION.

It was during our late war that doubts respecting the efficacy of vaccination as a means of prophylaxis took hold upon the profession and the public. As humiliating as the assertion may seem, this unbelief is chargeable to the carelessness and ignorance of medical officers. The operation of vaccination was so trivial a piece of surgery, that in the opinion of most who gave it any thought at all, it might be safely entrusted to the hospital steward, or permit the men to pen from voluntary vaccination from arm to arm. The sources of vaccine were not examined, and nothing more was necessary to establish the genuineness of vaccine crusts, than that they were supplied by the Medical Purveyor. It was mainly through this source of error that vaccino-syphilitic pustules and contagious porrigo crept into the army vaccinations. It could not be denied that vast numbers of the patients vaccinated were not only not protected by the inoculation, but had engrafted upon them some of the most obstinate forms of skin disease, and hence many refused to be vaccinated, while others submitted in order that they might obtain certificates of disability for furlough from the effects of it. From the army this spurious vaccination extended widely into civil practice. The genuineness of the virus employed was now enquired into, and it is of these different investigations, in part, and the lessons they have taught that I come to speak about.

The most prominent deduction from the practice of vaccination was, that as then in vogue, the danger from it was little less than the risk from taking small-pox. Vaccination offering a speedy opportunity for the contraction of loathsome and intractable skin-diseases, while the chances of contracting small-pox were remote and it could be possibly avoided altogether.

The discussions as to the identity of vaccinia long since ceased, for the solution of which question we are largely indebted to the Lyons Society of the Medical Sciences in 1863 and 1864. I need only refer to this for a moment, and shall make use of the Sydenham Societies' translation in preference to my own, in which you will get in a nut-shell what the *Chairman* and his coadjutors determined by their incomparable experiments. Prof. Trousseau, summing the discussion up, says: "The learned reporter has first shown that "small-pox can be perfectly well communicated to the "bovine species by inoculation, to which species it stands in "the same relation as vaccinia to man; that is to say, that "when an ox is inoculated with small-pox, it is thereby "made proof against cow pox, just as a vaccinated man is "proof against small-pox. But a much more important "practical point is that small-pox in its passage through "the system of a cow is not transformed into vaccinia; it "remains small-pox, and returns to the original state of "small-pox when re-introduced into the human species. "The experiments of the Lyons Commission upon solipeds "gave results similar to those obtained from bovine rumi-"nants. There is only a difference in form. Thus in the "cow, the eruption of small-pox consists of pimples so min-"ute as to escape notice, unless one is on the outlook for "them. Cow-pox, on the other hand, engenders an erup-"tion of the vaccinal type with its large and very charac-"teristic pocks. In the horse, also, the inoculation of small-"pox engenders a papular eruption, in which there is neither "secretion nor crust; and although this eruption is much

"more formidable than that produced in the cow, it need "never be confounded with horse-pox eruption so remarka- "ble for the abundance of the secretion, and the thickness "of the crusts. Hence it follows, that small-pox and cow- "pox, or horse-pox, are different diseases, and that when we "vaccinate after the method of Thiele and Ceely, we in re- "ality inoculate small-pox." Trousseau's Clin. Med., Vol. 2, pp. 118 and 119.

I cannot recall a single English text-book on the practice which does not give credence to the experiments of Ceely and Thiele, and none who believe in the non-identity, except Dr. Geo. Gregory. It must be remembered though these experiments of the Lyonnaise Commission extended over several months, was conducted by men thoroughly learned in veterinary medicine, and that they were conducted in the large government establishments where access was afforded to hundreds of choice cattle. The experiments of Ceely and Thiele were conducted by single experimenters, and that all efforts, as far as I have learned, to produce cow-pox after their method have failed. I have taken the trouble to collect all the statistics on the subject in this country, and the only reported success was that of Dr. J. C. Martin, formerly of Attleborough, whose success was endorsed by very few who knew the history of his case. From the evidence I have seen, I have been forced to discredit it. Dr. Martin's attempt was made in 1835, and after the fashion of the English experimenters.

In the Boston Med. and Surg. Jour., Feb. 23d, 1860, appeared an article signed "S.," declaring Martin's experiments to have been a failure, alleging that the parties inoculated from the virus obtained from the cow in question to have had regular small-pox. According to Dr. Martin's refutation of this statement, in the same Journal, April 12th, same year, the artificially produced vaccine went through the regular and normal stages, and the patients alleged to have been inoculated with variola were seen by several wit-

nesses, competent to judge, who pronounced the disease to be genuine cow-pox. Subsequently, however, these same gentlemen "revoked their opinions and reported adversely." It is to be regretted that the investigation of these cases should have been undertaken after so great a lapse of time, thirty years elapsing between the claimed success and the asserted failure. The adverse judgment, however, had this in its favar, that it was made at a time when the natural history of cow-pox was more thoroughly known.

After several years of correspondence with every one who would probably throw light on the history of cattle variolation, Dr. Martin's is the only *claimed success*; of its authenticity, though I am compelled with the evidence before me, to entirely doubt.

It was more particularly the experiments of Dr. Sunderland, of Barmen, in 1830, which put the medical world at rest on the artificial production of cow-pox. His method differed from Ceely and Thiele, in this that instead of inserting variolous virus into the udder and dewlap, he enveloped the cattle in "blankets taken from a man who died in the suppurative stage of a severe case of small-pox." This blanket was fastened to the backs of cows for twenty-four hours, and placed in such a position afterwards that they were compelled to inhale the miasmata. The cows, after the fourth or fifth day, had an eruption which was mistaken for cow-pox.

The government of Denmark requested physicians to make like experiments, and in Berlin, Weimar and Dresden and Calcutta experiments were made but without success. (Trousseau Vol. 2, p. 117.) In France, too, under the most favorable experiments, the attempt was followed with no better success.

Trousseau says: "The plan of Dr. Sunderland, then, only yielded satisfactory results when put in force by himself." We need not go so far from home though to cite failures. Dr. Sunderland's experiments were faithfully tried by the

late Dr. James Bolton, who had full faith in the truth of previous investigators, but he failed; he very modestly, but wrongly, in my opinion, attributing his failure to some inattention to details on his part. Dr. Love, of Wilmington, also failed, although he combined the method of Ceely and Thiele and Sunderland, and under the most favorable conditions. My experiments, too, which I have time and time again reviewed, in order to ascertain if there were any sources of error, I am still of the opinion were conducted under all the circumstances which would have yielded success had the theory borne out the practice, but failed.

From the present appearances of the state of vaccine supply, the artificial method will perhaps not soon be resorted to, and in my opinion, is not more justifiable at any time, than variolous inoculation from subject to subject.

The case from Beaugency, discovered by Dr. De Paul, has been the source of such good stock of cow-pox, and the necessity of careful and thorough cultivation has been forced home in such a serious manner to those in charge of public vaccine agencies, that the supply will hardly be allowed to deteriorate, especially if physicians acquaint themselves with the natural history of cow-pox.

In England, where vaccination had its origin, there have been fewer contributions to the natural history of cow-pox, than in France. As I said before, the methods of Ceely and Thiele are still believed in in England, but as the deterioration of the marketable virus has not become very great, recourse has not been made to any original experiments of late, the old Jennerian stock being successfully cultivated and relied on.

I was a little curious to know this from a reliable source, and in reply to some enquiries addressed with that view, Dr. Edward Cater Seaton, writes me and I extract:

NEW GOVERNMENT OFFICES,
CHARLES ST., WESTMINISTER S. W.,
March 15th, 1875.

* * * * *

"Your first question is, 'does cow-pox occur spontaneously in Gloucestershire, and do British medical men rely upon it as a source of vaccine?' To which I answer (1) that we have no recent information as to spontaneous cow-pox in the vale of Gloucester, but that it does not at all follow that such may not still be the case, for, as (2) British medical men have never relied upon it as a source of vaccine, no special inquiries as to its existence have been made.

"The reasons why no pains have been taken to propagate lymph from these sources, is that the medical men who met with these cases reported one and all, that while the lymph taken from them was often troublesomely irritative in its first or second transmission through the human subject, the results after one or two transmissions did not differ in any respect from those produced by the lymph currently in use, whether as regarded the character or the cause of the vesicle. I should add that the vesicles produced by our current lymph conform ordinarily in all respects to the Jennerian type and are quite satisfactory."

"To your second question, 'Have you ever attempted the production of artificial cow-pox by transmission of variola to the cow, or do you know of any one succeeding since Mr. Ceely's reported successes or Mr. Badcock's?' I reply that I have never made the attempt, and am not aware of any since Mr. Ceely's, except those of Mr. Badcock, in 1840."

So it would seem from this, that no resort has been made to the original or Jennerian theory of artificial production of cow-pox, since 1840, in England, a fact in no way explicable to my mind, but upon the ground that the theory and practice were alike fallacious.

Fortunately for the unbroken perpetuation of protective vaccine virus, the experiment with the Beaugency stock in

this country has cleared the way. Dr. Frank P. Foster, who has charge of the Vaccine Department of the Eastern Dispensary of New York, procured, at a great cost of trouble and money, some of this stock, and from it he has "propagated virus uninterruptedly during the last two or three years." He writes me that he "has recently met with an undoubted case of cow-pox, the stock of which he is now propagating side by side with the Beaugency stock." This stock, which Dr. Foster used with so much confidence, and which I have been able to endorse, after a thorough trial, is taken directly from the cow. In no case have I seen what Dr. Seaton calls "troublesomely irritative inoculations." The difference I take to be is, that in those troublesomely irritative inoculations, the matter was not cow-pox, but merely variolous virus modified by this transmission, and capable, as I have shown such virus to be, of producing not only "troublesomely irritative" sores, but unmodified small pox.

The study of the natural history of no disease within my knowledge has rendered such useful and accurate service to the profession of medicine, as this renewed investigation of late years, of the relatives of vaccinia and variola. With hardly an exception, I believe Prof. Trousseau and Dr. George Gregory are the only authors of systematic treatises who can be excepted. Every text-book teaches the Jennerian theory of identity, and the whole of their theory is based upon an undemonstrated theory of Jenner, and the experiments of Ceely, Thiele, and Sanderland, and Badcock, and Martin, of Attleborough. Not a single text-book that I have seen, except Trousseau's, has made a digest, or referred in the slightest manner, to the very important work done by the Lyon's Committee.

The lessons taught by the aberration of vaccine disease during our late unsuccessful struggle for independence, and just after that disastrous war, should serve to warn us against a repetition of such serious errors. Dr. Joseph Jones,

of New Orleans, and the late Dr. James Bolton, of Richmond, investigated the causes of these aberrations, and I will sum them as succinctly as possible, at the same time apologizing for the short notice which I give of work of sufficient merit to rank either of the gentlemen named among the foremost investigators in the South.

These gentlemen found that the most fruitful source of spurious vaccination was from the employment of vaccine crusts, which had deviated from the regular and normal development of the vaccine vesicle; and in cases of revaccination, where there was first a depraved condition of the blood from the half starved and scorbutic condition of the soldiers, or persons vaccinated, or where there was some pre-existing disease of the skin.

I will not impose upon your patience longer by citing authority to sustain the points I have taken. It was only my desire to remind the profession that if we would rescue vaccination from the disrepute which it has fallen into, both in and out of the profession, we must study and keep constantly in mind the natural history and sources of our supply of vaccine, and certainly be as careful in selecting our stock as the farmer is in selecting his seed, always taking the warning when there is the slightest deviation from the Jennerian vesicle that our stock should be suspected.

University of Pennsylvania.

MEDICAL DEPARTMENT.

Thirty-Sixth and Locust Streets, Philadelphia.

110th ANNUAL SESSION, 1875-'76.

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The Medical Faculty occupy an elegant and commodious building with ample space for Dissecting Rooms and Laboratories, and room for their valuable Museum, Apparatus and Library, securing superior advantages to the student in health and facility of study. Didactic Lectures and Laboratory Instruction are given in this building, and Daily Clinics in the University Hospital and in the Philadelphia Hospital, which are adjacent. Clinical instruction continues the whole year, except July and August.

Matriculates in the Medical Department are entitled to attend, during the Spring and Summer, the lectures of the Auxiliary Faculty on Zoology and Comparative Anatomy, by Prof. H. Allen, M. D.; on Botany, by Prof. H. C. Wood, M. D.; on Hygiene, by Prof. H. Hartshorne, M. D; on Medical Jurisprudence and Toxicology, by Prof. J. J. Reese, M. D; and on Mineralogy and Geology, by Prof. S. B. Howell, M. D.

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Students who have attended two full courses of lectures on Anatomy, Chemistry, Materia Medica, and the Institutes of Medicine, may be examined on those subjects at the end of the Second Course, and, if approved, will, at the end of their Third Course, be examined only on Theory and Practice of Medicine, Surgery, and Obstetrics.

The Lectures of the Session of 1875-'76 will commence on the first Monday (4th) of October, and terminate on the last day of February.

FEES.—For one full course of Lectures, $140. For each professor's ticket for one course, $20. Matriculation fee (paid once only,) $5. These fees are paid in advance. Graduation fee, $30.

Letters of inquiry should be addressed to

ROBT. E. ROGERS, M. D., Dean,
P. O. Box 2838, Philadelphia.

Bellevue Hospital Medical College,

CITY OF NEW YORK.

Sessions of 1875-'76.

THE COLLEGIATE YEAR in this Institution embraces a preliminary Autumnal Term, the Regular Winter Session, and a Summer Session.

THE PRELIMINARY AUTUMNAL TERM for 1875-'76 will commence on Wednesday, September 15, 1875, and continue until the opening of the Regular Session. During this term, instruction, consisting of didactic lectures on special subjects and daily clinical lectures, will be given, as heretofore, by the entire Faculty. Students designing to attend the Regular Session are strongly recommended to attend the Preliminary Term, but attendance during the latter is not required. *During the Preliminary Term, clinical and didactic lectures will be given in precisely the same number and order as in the Regular Session.*

THE REGULAR SESSION will commence on Wednesday, September 29th, 1875, and end about the 1st of March, 1876.

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A distinctive feature of the method of instruction in this College is the union of clinical and didactic teaching. All the lectures are given within the Hospital grounds. During the Regular Winter Session, in addition to four didactic lectures on every week-day except Saturday, two or three hours are daily allotted to clinical instruction. The Union of clinical and didactic teaching will also be carried out in the Summer Session, nearly all of the teachers in this Faculty being physicians and surgeons to the Bellevue Hospital.

The Summer Session will consist chiefly of Recitations from Text Books. This term continues from the middle of March to the end of June. During this Session, there will be daily recitations in all the Departments, held by a corps of examiners appointed by the regular Faculty. Regular clinics will also be held.

Fees for the Regular Session.

Fees for Tickets to all the Lectures during the Preliminary and Regular Term, including Clinical Lectures	$ 40 00
Matriculation Fee	5 00
Demonstrator's Ticket, including material for dissection.)	10 00
Graduation Fee	30 00

Fees for the Summer Session.

Matriculation, (Ticket good for the following Winter,)	$ 5 00
Recitations, Clinics and Lectures	50 00
Dissection, (Ticket valid for the following Winter.)	10 00

For the Annual Circular and Catalogue, giving regulations for graduation, and other information, address the Secretary of the College, Prof. AUSTIN FLINT, Jr., Bellevue Hospital Medical College.

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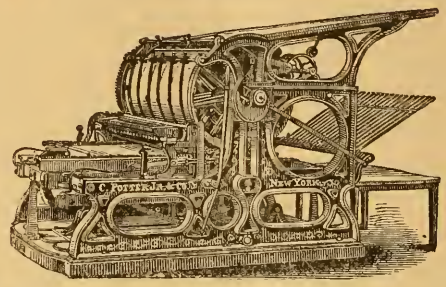

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